



Washington Military Department

Emergency Management Division

Interstate Mutual Aid Deployment Guide

For Local Jurisdictions in Washington State
Deploying under EMAC/PNEMA

2012



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Document Revision History

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INTRODUCTION

The State of Washington is member of two interstate mutual aid agreements: the Emergency Management Assistance Compact (EMAC) and the Pacific Northwest Emergency Management Arrangement (PNEMA). This Interstate Mutual Aid Deployment Guide provides heads of local jurisdictions and state agencies with a detailed description of the resource deployment and reimbursement process for local and state resources under EMAC and PNEMA, when other states or provinces ask Washington for assistance in case of an emergency or disaster. The success of mutual aid rendered under EMAC and PNEMA is contingent upon the heads of jurisdictions and agencies providing resources having a clear understanding of the deployment and reimbursement process described in this guide. The Washington Military Department's Emergency Management Division (EMD) maintains this Interstate Mutual Aid Deployment Guide. All recommendations for changes or improvements to this guide should be addressed to the Emergency Logistics Program Manager at c.utzinger@emd.wa.gov or mailed to:

Emergency Logistics Program Manager
Washington State Emergency Management Division
Building 20
MS: TA-20
Camp Murray, WA 98430

EMAC Overview

The Emergency Management Assistance Compact (EMAC) is a national interstate mutual aid compact that facilitates the sharing of resources (personnel and equipment) across state lines during times of governor declared disasters and emergencies. All 50 states, Puerto Rico, the US Virgin Islands, Guam, and the District of Columbia are part of the compact. EMAC is the first congressionally ratified national disaster-relief compact since the Civil Defense and Disaster Compact of 1950. EMAC is an all-hazard mutual aid compact that has built-in national processes and procedures with the ability to share any available capability of member states with other member states.

What EMAC **does**:

- Maximize the use of all available resources
- Protect state sovereignty
- Expedite and streamline delivery of assistance between member states
- Include National Guard resources for humanitarian use

What EMAC **does not**:

- Replace federal support
- Alter operational direction and control

- Include intrastate mutual aid
- Endorse self-deployment

PNEMA Overview

The Pacific Northwest Emergency Management Arrangement (PNEMA) is an inter-jurisdictional agreement that enables entities to provide mutual assistance and the sharing of resources during times of need. PNEMA also provides for cooperative activities to improve civil preparedness and response across jurisdictional boundaries. The members of PNEMA include the States of Washington, Oregon, Idaho, and Alaska, as well as the Province of British Columbia and the Yukon Territory.

A benefit of PNEMA over EMAC, is PNEMA does not require a declaration of emergency in order to activate a response. PNEMA is activated by mutual agreement of two or more signatory party members. PNEMA capabilities are the same as EMAC except:

What PNEMA **does**:

- Protects state/Province sovereignty

PNEMA **does not**:

- Enable the use of the National Guard

EMAC and PNEMA Governing Concepts

EMAC legislation was ratified during the second session of the 104th Congress and became Public Law 104-321 in October of 1996, with the EMAC Articles of Agreement providing guidance and overarching policy.

Key Limitations

- The member states have the right to restrict the amount of assistance provided or decline to provide assistance.
- Washington resources operating within a Requesting State are afforded the same powers (except arrest, unless specifically authorized), duties, rights, and privileges as afforded the Requesting State's resources.
- Washington resources are under the command and control of their regular leaders.
- Washington resources are under the operational control of the Requesting State's emergency services authorities.

Licenses and Permits

Licenses, certifications, and permits held by Washington responders will be recognized as if issued by the Requesting State, subject to limitations and conditions prescribed by the Governor's executive order.

Liability

Those rendering aid and assistance under the compact are considered employees of the Requesting State for tort liability and immunity purposes only, and not for any other purpose. No Washington personnel rendering aid are liable due to any act or omission in good faith. (Good faith does not include willful misconduct, gross negligence, or recklessness.)

Reimbursement

Washington State is entitled to reimbursement by the Requesting State for any loss or damage to, or expense incurred, in the operation or any equipment, as well as expenses incurred in the provisioning of any services at the request of the Requesting State. Washington is responsible for providing the correct type and kind of equipment for the deployment as requested, and to ensure the equipment is well maintained and is in good working order.

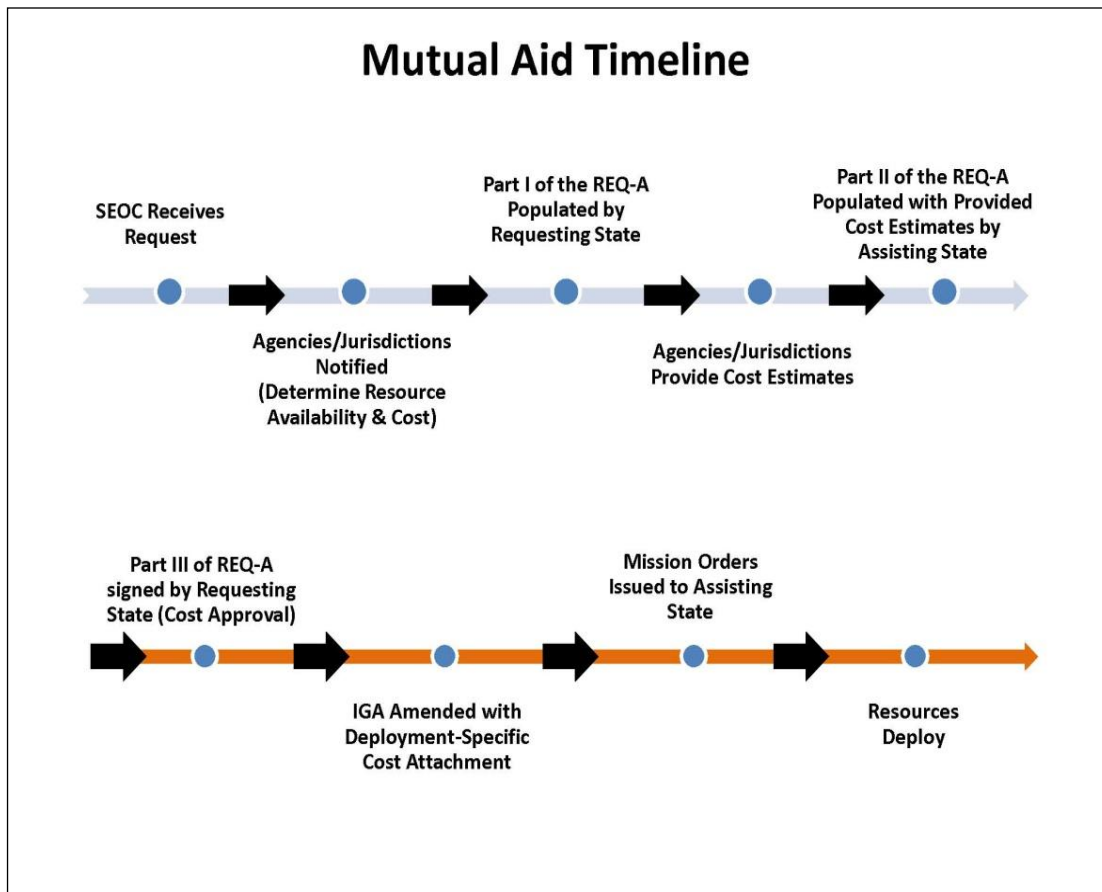
DEPLOYMENT OPERATIONS

This section of the Interstate Mutual Aid Deployment Guide covers the steps associated with the deployment of resources (personnel and equipment) in support of an interstate mutual aid request. All steps from the initial assistance request, to deployment expectations, through reimbursement procedures following the deployment are addressed herein.

General

Once the Governor declares a state of emergency, a Requesting State broadcasts a resource request to the Washington State Alert & Warning Center via the EMAC Operation System. If a potential resource considered for deployment does not belong to Washington Military Department, even if the resource is from a state agency, there must be an Intergovernmental Agreement (IGA) between Washington Military Department and the jurisdiction offering to provide the resource to enable reimbursement for deployed resources.

The EMAC and PNEMA Mutual Aid Request for Assistance, referred to as the REQ-A, consists of three sections. Section I, completed by the Requesting State, contains a basic description of the resource needed, the location at which the resource is needed, and when the resource is needed. Section II, completed by the Washington State Emergency Management Division, provides the Requesting State with information on available resources and the associated estimated cost, based upon input from the jurisdictions owning the resources. While Section II is under review with the Requesting State, EMD begins the amendment process to the current IGA with the jurisdiction owning the resource, adding a deployment-specific cost attachment. Section III of the REQ-A obligates the Requesting State to pay for allowed costs associated with receiving the resource. Once signed by the Requesting State's Authorized Representative, the REQ-A becomes a binding contract. Upon receipt of the signed Section III of the REQ-A, EMD will issue a Mission Order to the agency providing the resource. The Mission Order is the official authorization for each approved participating agency to deploy their resources in accordance with the IGA and the IGA Attachment.



Intergovernmental Agreement (IGA)

The purpose of the Intergovernmental Agreement (IGA) is to provide reimbursement of allowable resource (equipment and/or personnel) costs incurred resulting from an authorized mutual aid deployment in accordance with (1) Chapter 38.10 RCW and the Emergency Management Assistance Compact Operations Manual, and/or (2) PNEMA, PNEMA Annexes, and the Pacific Northwest Emergency Management Arrangement Operations Manual.

In order to deploy any resource, whether equipment or personnel, employed or housed outside of the Washington Military Department, a responding agency or jurisdiction must have a current, executed Intergovernmental Agreement (IGA) between their agency or jurisdiction and the Washington Military Department (WMD). This IGA entitles each deploying resource to be considered an employee of the state for purposes of EMAC or PNEMA deployment only and will be entitled to the rights and benefits under EMAC or PNEMA available to state officers and its employees, but not for any other purpose, and therefore entitled to compensation for medical claims and death benefits only while deployed as a resource under interstate mutual aid.

The IGA between the WMD and the jurisdiction or agency is valid for five years, regardless of the number of interstate mutual aid missions occurring during the agreement period. The Intergovernmental Agreement and subsequent amendments are to only be signed by an authorized person from the cited jurisdiction listed on the appropriate Signature Authorization Form as a person authorized to sign contracts for that agency or jurisdiction. Prior to resource deployment, the IGA is amended to include an attachment, which identifies resource(s) and maximum estimated costs for a specific event.

The information on the attachment is the same as what is provided to the Requesting State on the EMAC REQ-A Section II, with the official Requesting State acceptance and approval of resources authorized by signature on Section III of the REQ-A. Assisting jurisdictions should make every effort to ensure the accuracy of the initial cost estimates. Reimbursement requests for costs incurred by the assisting jurisdiction above and beyond the amount indicated in the original estimate are subject to approval by the Requesting State.

If a jurisdiction wishes to participate in interstate mutual aid, entering into an IGA with the Washington Military Department prior to an event is highly recommended. Having an executed IGA on file in advance of a resource request drastically decreases the time needed to deploy should an event occur.

For both fire and non-fire resources, lodging and per diem rates are the current Federal General Services Administration (GSA) rates in the applicable location. Jurisdictions are reimbursed only for authorized actual and customary costs incurred as properly documented.

Upon execution of the IGA or amended IGA, any changes to the original agreement or attachment must be by written amendment signed by all parties. No other understandings, oral or otherwise, regarding the subject matter of the IGA shall be considered valid or binding.

Fire Services

Fire Districts and/or Departments desiring to provide resources (equipment or personnel) for fire suppression also must have a valid executed Intergovernmental Agreement (IGA) between their agency or jurisdiction and the Washington Military Department (WMD).

The estimate for fire equipment costs are calculated based upon the State Fire Chiefs' Rate Schedule. Personnel costs estimate reflect an average state fire fighter salary, including 25% to cover benefits, with applicable documentation provided by the assisting jurisdiction.

Intergovernmental/Interagency Agreement (IGA) Screenshot

The first page of the **Intergovernmental/Interagency Agreement (IGA)** contains contact information of the participating parties, start and end dates, introduction, scope, and governing authority.

Military Department IGA #EXX-XXX		
INTERGOVERNMENTAL AGREEMENT FOR EMAC AND PNEMA ASSISTANCE BETWEEN		
Washington Military Department Bldg #20, M.S.TA-20 Camp Murray, WA 98430-5122 (253) 512-7059 FAX: (253) 512-7203 Contact Person: Chris Utzinger E-mail: c.utzinger@emd.wa.gov	AND	JURISDICTION NAME: STREET ADDRESS: CITY, STATE ZIP Phone () - - Contact Person: _____ E-mail: _____ TIN # _____ UBI # _____
Start Date: _____, 2012		End Date: _____, 2017
1. INTRODUCTION: This Intergovernmental Agreement (Agreement), pursuant to Ch. 38.10 RCW (Emergency Management Assistance Compact (EMAC)), ch. 39.34 RCW (Interlocal Cooperation Act), ch. 38.52 RCW (Emergency Management Act), and the Pacific Northwest Emergency Management Arrangement (PNEMA), is made and entered into by and between the Washington State Military Department through its Emergency Management Division (EMD), and the local jurisdiction within the State of Washington identified above, hereinafter referred to as "Jurisdiction". EMD, through these authorities, coordinates interstate mutual aid according to the model presented in the National Strategy for Homeland Security. EMAC, Chapter 38.10 RCW, and Public Law 104-321, authorize and direct the deployment of certain necessary mutual aid between the EMAC participants, who are currently all fifty states, Puerto Rico, Guam, the U.S. Virgin Islands, and the District of Columbia. PNEMA and Public Law 105-381 authorize and direct the deployment of certain necessary mutual aid between the PNEMA participants, who are currently the States of Alaska, Idaho, Oregon, and Washington, the Canadian Province of British Columbia, and the Yukon Territory. This Agreement provides for the use of authorized resources (including employees and equipment) of the Jurisdiction in responding to requests for EMAC or PNEMA assistance from a participating party in which EMD has identified authorized resources of the Jurisdiction that are qualified and immediately available to deploy and perform the requested EMAC or PNEMA assistance in a requesting participating party.		
2. SCOPE: Pursuant to this Agreement, the authorized resources of the Jurisdiction will be deployed to provide EMAC or PNEMA assistance. When the deployed authorized resources of the Jurisdiction are employees of the Jurisdiction, those Jurisdiction employees will be treated as state employees for purposes of EMAC or PNEMA deployment only and will be entitled to the rights and benefits under EMAC or PNEMA available to state officers and employees, but not for any other purpose. The Jurisdiction will be reimbursed for authorized costs incurred as a result of authorized resource deployment as provided in this Agreement.		
3. Authorization and Deployment of Resources a. This Agreement is not an authorization to deploy. EMAC and PNEMA deployment of the Jurisdiction's resources under this Agreement shall only be authorized as provided in a completed amendment to this Agreement in the form attached hereto as "Attachment A" that has been mutually executed by the parties. The Jurisdiction shall not deploy any resources under		
EMAC & PNEMA IGA	Page 1 of 4	Jurisdiction EXX-XXX

Additional IGA Required Documentation

The following documents are sent to the local jurisdiction electronically with the IGA for completion and signature and are to accompany the signed IGA to complete the agreement execution:

- W-9 Taxpayer Identification Number and Certification
- Debarment, Suspension, Ineligibility or Voluntary Exclusion Certification Form
- Signature Authorization Form
- Vendor Registration Form

The **W-9 Taxpayer Identification Number and Certification**

purpose is to obtain the jurisdiction's correct taxpayer identification number (TIN) to report income (reimbursement for resources) to the jurisdiction.

W-9
Form (Rev. December 2011)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Name (as shown on your income tax return)

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification:

☐ Individual/sole proprietor ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C-C corporation, S-S corporation, P-partnership) ☐ Exempt payee

☐ Other (see instructions) ☐ Address (number, street, and apt. or suite no.)

City, state, and ZIP code

Last account number(s) (see instructions)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here **Signature of U.S. person** **Date**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester), and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

Cat. No. 10531X Form W-9 (Rev. 12-2011)

Debarment, Suspension, Ineligibility or Voluntary Exclusion Certification Forms

are used by the Washington Military Department to ensure that jurisdictions, persons or companies that contract with the Washington Military Department are not prohibited from having federal contracts.

Debarment, Suspension, Ineligibility or Voluntary Exclusion Certification Form

NAME: _____ Doing business as (DBA): _____

ADDRESS: _____

Applicable Procurement or Solicitation #: _____

VA Uniform Business Identifier (UBI): _____

Federal Employer Tax Identification #: _____

This certification is submitted as part of a request to contract.

Instructions For Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion—Lower Tier Covered Transactions

READ CAREFULLY BEFORE SIGNING THE CERTIFICATION. Federal regulations require contractors and bidders to sign and abide by the terms of this certification, without modification, in order to participate in certain transactions directly or indirectly involving federal funds.

- By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
- The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
- The prospective lower tier participant shall provide immediate written notice to the department, institution or office to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.
- The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction participant, person, primary covered transaction, principal proposal, and voluntarily excluded, as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
- The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under the applicable CFR, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
- The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion—Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
- A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under applicable CFR, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Non-procurement Programs.
- Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business activity.
- Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under applicable CFR, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion—Lower Tier Covered Transactions

The prospective lower tier participant certifies, by submission of this proposal or contract, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this form.

Bidder or Contractor Signature: _____ Date: _____

Print Name and Title: _____

The **Signature Authorization Form** identifies the persons who have the authority to sign contracts, amendments, attachments, and requests for reimbursement. This document is required for the management of the IGA with the Washington Military Department (WMD). All sections must be completed. One copy with original signatures accompanies the signed IGA, and the other copy is to be filed with the local jurisdiction.

SIGNATURE AUTHORIZATION FORM		
WASHINGTON STATE MILITARY DEPARTMENT Camp Murray, Washington 98430-5122		
<i>Please read instructions on reverse side before completing this form.</i>		
NAME OF ORGANIZATION	DATE SUBMITTED	
PROJECT DESCRIPTION	CONTRACT NUMBER	
1. AUTHORIZING AUTHORITY		
SIGNATURE	PRINT OR TYPE NAME	TITLE/TERM OF OFFICE
2. AUTHORIZED TO SIGN CONTRACTS/CONTRACT AMENDMENTS		
SIGNATURE	PRINT OR TYPE NAME	TITLE
3. AUTHORIZED TO SIGN REQUESTS FOR REIMBURSEMENT		
SIGNATURE	PRINT OR TYPE NAME	TITLE

WAC-11/01/10/06/KARENBL... WP@SIGNAUTH Revised 5/00

The **Vendor Registration Form** provides the Military Department Finance Office and the Office of Financial Management (OFM) with the information needed for registration as a vendor for reimbursement, and to also set up Electronic Funds Transfer (EFT), if desired, for more efficient reimbursement.

PLEASE DO NOT STAPLE

**Statewide Payee Registration
Washington State**

STEP 1: Is this a NEW registration or CHANGE to an existing registration (check one)?

☐ **NEW REGISTRATION** (also includes changing the LEGAL NAME, SSN, EIN or reporting type)

☐ **CHANGE to EXISTING REGISTRATION** - complete the ENTIRE form and check below what is updated:

☐ Business Name/DBA ☐ Business Address ☐ Contact Information ☐ Bank, Routing or Account Numbers ☐ Payment Options

If you know your Statewide Vendor Number, enter it here: **SWV** _____

STEP 2: Enter information about the payee and contact person

Legal Name of Payee as it appears on federal tax forms _____ EIN or SSN for the Legal Name at left _____

Business Name, if different from Legal Name above - eg. Doing Business As (DBA) Name _____ Contact Person _____

Mailing Address for us to send notifications or payments - PO Box or Street Address _____ Title of Contact Person _____

Mailing Address - Suite or Office Number _____ Telephone Number for Contact Person _____

City _____ State _____ Zip + 4 _____ Fax Number for Contact Person _____

Email for us to use ONLY to send you notifications about your account _____ Primary Business _____

STEP 3: Select Payment Option:

☐ Direct Deposit to bank (recommended) or ☐ Check in US mail

STEP 4: For Direct Deposit, complete all fields below and sign

Financial Institution Name - must be a US institution _____ Financial Institution Phone Number _____

Routing Number - see example at right _____ Account Number - see example at right _____

You may also attach a voided check. If you are unsure which number to enter above _____

Account Type: ☐ Checking or ☐ Savings (Checking will be used if neither box is marked.) _____

Authorization for Direct Deposit:

I hereby authorize and request the Office of Financial Management (OFM) and the Office of the State Treasurer (OST) to initiate credit entries for payment to the account indicated above, and the financial institution named above is authorized to credit such account. I agree to abide by the National Automated Clearing House Association (NACHA) rules with regard to these entries. Pursuant to the NACHA rules, OFM and OST may initiate a reversing entry to nullify a duplicate or erroneous entry that they previously initiated. I understand that, if a reversal action is required, OFM will notify this office of the error and the reason for the reversal. This authority will continue until such time OFM and OST have had a reasonable opportunity to act upon written request to terminate or change the direct deposit service initiated herein.

Authorization Name on Account _____ Title _____

SIGNATURE of Authorizing Name on Account _____ Date _____

Revised 10/04/2011
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Mobilization

In the event of a governor declared disaster or emergency, out-of-state resources may be requested via an Emergency Management Assistance Compact (EMAC) broadcast to member states to assist with the response, recovery, and/or mitigation of events.

Notification

In Washington State, when an affected state requests EMAC assistance, the request is received by the Washington State Emergency Management Division's Alert and Warning Center via an EMAC broadcast email. The request is then forwarded to the EMAC Designated Contacts within the Washington Military Department's (WMD) Washington State Emergency Management Division (EMD).

The State Director, together with an Authorized Representative, will determine whether the state of Washington is able to offer assistance. If Washington State is able to provide assistance, the Designated Contact will contact identified resource providers for resource availability and cost estimates.

Cost Estimate

Fire service resource costs are determined by the current State Fire Chiefs Rate Schedule and the average state firefighter salary, including 25% to cover benefits. (http://www.dnr.wa.gov/Publications/rp_fire_state_mobilization_rates.pdf)

State agency employee salaries are determined by the Washington State Human Resources Salary Schedule

(<http://www.dop.wa.gov/COMPCLASS/COMPENSATION/Pages/SalarySchedules.aspx>)

Lodging and per diem rates reflect the current national government standard as published by the Federal General Services Administration (GSA) for the applicable location (<http://www.gsa.gov/portal/category/21287>). Although the GSA rate schedule is the methodology for estimating costs, the jurisdiction will only be reimbursed authorized actual and customary costs incurred as properly documented, not to exceed GSA rates.

The cost estimate is required for all deploying resources regardless of agency or jurisdiction. This first step in the mobilization process must be completed before proceeding with the deployment process.

Cost Estimate Form

The Cost Estimate Form is sent to the resource provider in a spreadsheet format with active formulas to aid in calculation. The figures provided to EMD will be used to populate both the Section II of the REQ-A for the Requesting State as well as the budget sheet for the IGA amendment attachment.

The Cost Estimate Form identifies the *maximum estimated* cost of the jurisdiction or agency's resources; however, the jurisdiction will only be reimbursed for authorized actual and customary costs incurred as properly documented.

Requesting State Mission Tracking #						Assisting State Mission Tracking #							
Personnel Salaries and Benefits													
First Name:	Last Name:	Phone:	E-Mail:	Position Title	Cert. Type / Card #	Regular Salary Hourly Rate	Benefit Hourly Rate	# of Reg Hrs per day	OT Hourly Rate	OT Benefit Hourly Rate	# of OT Hours per day	Volunteer Firefighter Stipend	Total Daily Cost
Ex: Robert	Jones	253.555.1212	rjones@fire.org	Engine Boss	Red Card #1234	\$ 40.00	\$ 10.00	8.00	\$ 60.00	\$ 15.00	4.00		\$ 560.00
												\$ 100.00	\$ 100.00
													\$ -
													\$ -
													\$ -
													\$ -
Total Maximum Personnel Cost													\$ 660.00
Personnel Travel													
Name	POV/Mileage	AOV	Per Diem	Hotel	Shipping	Rental Car	Air Fare	Baggage	Parking	Other (Desc.)	Other (Desc.)	Total Daily Cost	
Ex: Jones	\$ 18.20	\$ -	\$ 864.00	\$ 2,116.52	\$ 80.00	\$ 77.00	\$ 540.00	\$ 45.00	\$ 96.00	\$ 12.00	\$ -	\$ 3,848.72	
												\$ -	
												\$ -	
												\$ -	
Total Maximum Travel Cost												\$ 3,848.72	
Equipment (Include estimated costs for fuel OR miles - NOT both)													
Type	Kind	Description of Duties for Which Deployed Equipment Will Be Used	Daily Rate	Mileage Rate	Estimated Miles	Estimated Fuel	Total Daily Cost						
1	Ex: Type II	Rotary Wing Aircraft	for use in damage recon	\$ 250.00	\$ -	\$ 1,500.00	\$ 1,750.00						
2							\$ -						
3							\$ -						
4							\$ -						
5							\$ -						
Total Maximum Equipment Cost							\$ 1,750.00						
Total Maximum Deployment Cost							\$ 6,258.72						

IGA Amendment Attachment

Upon completion of the cost estimate, the IGA deployment specific amendment attachment for the participating jurisdiction is completed and sent to the jurisdiction providing the resource for signature by the authorized representative as cited on the IGA Signature Authorization Form. Specific instructions for final amendment execution will accompany the document when sent for signature.

Attachment A

INTERGOVERNMENTAL AGREEMENT AMENDMENT NO. [redacted]
For [EMAC/PNEMA] Deployment of Authorized Resources and Cost Estimate
Mission Number [redacted], [State/Location], [Disaster]
[Jurisdiction Name], Tin# [insert], UBI# [insert]

1. **SUMMARY OF EXPECTED DEPLOYMENT PHYSICAL CONDITIONS, DUTIES TO BE PERFORMED DURING DEPLOYMENT, AND CORRESPONDING AUTHORIZED RESOURCES ANTICIPATED TO PERFORM THOSE DUTIES (Duties to be taken from EMAC REQ-A or PNEMA equivalent):**

2. **DEPLOYMENT PROGRAM INDEXES/CHARGE CODES:**

3. **DETAILED DESCRIPTION OF AUTHORIZED RESOURCES AND COST ESTIMATES, WITH ESTIMATED BUDGET SUMMARY and Total Maximum Resource Cost Authorized:**

The following are the authorized resources (equipment and/or personnel) the Jurisdiction may deploy for Mission No. XXXX, (name of event) in (state/location of event), and corresponding total maximum resource cost amounts (based on estimates) that may be reimbursed under this Agreement. In completing this form, all estimates for fire resources (personnel and equipment of a Fire District or Fire Department) will be calculated based upon the State Fire Chiefs Rate Schedule in effect at that time, and the personnel benefit hourly rate used below for fire resources is to be 25% of the personnel regular salary hourly rate.

Jurisdictions preparing to provide assistance must remember *the amendment attachment is not an authorization to deploy*. Once the Requesting State approves the estimated cost by returning a signed Section III of the REQ-A to EMD, a Mission Order will be issued to the resource provider. *A Mission Order must be issued* before a resource is authorized to deploy.

Verification of Qualifications

The Jurisdiction agrees that it will only deploy employees as authorized resources under this Agreement who are fully qualified and capable of performing the duties described in the completed and mutually executed Attachment A and under the conditions described therein. Such qualifications and capabilities shall include, but not be limited to, the following:

- 1) Has completed training for ICS 100, 700 and 800;
- 2) Has received training customary or required for the position for which they are being deployed;
- 3) Currently possesses all certifications and licenses required in the state of Washington to perform the duties for which they are being deployed;
- 4) Has past experience operating in the position for which they are being deployed; and
- 5) Has the ability to fully and effectively perform all duties of the position for which they are being deployed.

Mission Order

Emergency Management Assistance Compact (EMAC) EMAC Mission Order Authorization Form			
Personnel deploying on this mission are under the authority of the Emergency Management Assistance Compact Law passed in all 50 states, the District of Columbia, U.S. Virgin Islands, Puerto Rico, and Guam.			
The Resource Provider, responsible for identifying personnel who will be deployed on this mission, has identified individuals who have the skills, knowledge, and abilities to conduct the mission herein.			
Mission Details:			
Requesting State:		Assisting State:	
Event Name:		Requesting State #:	
Deployment Date:		Assisting State #:	
Demobilization Date:		EMAC #:	
Mission Type:		Discipline/Duty Status:	
Mission Description:			
Resource Description:			
Deployment Conditions and Safety Considerations: As a reminder, you may be deploying into a location with inhospitable conditions.			
Working Conditions:			
Working Conditions Comments:			
Living Conditions:			
Living Conditions Comments:			
The following health and safety concerns apply for this deployment (check the appropriate statement):			
	No safety or health concerns have been identified		
	Immunizations or vaccinations are suggested to deploy on this mission		
	Environmental hazards exist for this mission (identified below)		
	Personal protection equipment is needed		
Safety Concerns/Remarks:			
You should report to the location specified below upon arrival in the Requesting State. (If this section is blank, forward-deploy to the deployment location listed below. Do not forward-deploy to the deployment location if a Staging Area is listed below. Otherwise, you may miss valuable information on changes to your mission, issuing of identification, etc.)			
Staging Location/Facility:			
Address 1:			
Address 2:	City:		
State:	Zip Code:		
Point of Contact:			
Phone 1:	Phone 2:		

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<http://www.emacweb.org>

1 - 3/9/12

Upon completion of the REQ-A process, the Washington Designated Contact completes an EMAC Mission Order based on information from the REQ-A, and transmits the Mission Order to the resource provider.

The Mission Order is the approval document to deploy the resources listed within the attachment. The Mission Order includes the date and time to deploy, strike team/task force name (if applicable), destination address, point of contact within the Requesting State, and any additional mission specific instructions. The individual or team leader carries the Mission Order on the deployment as the authorization to deploy. No reimbursement will be made for services which occur outside of the deployment dates and times cited within the Mission Order.

Travel Arrangements

Non-WMD deploying personnel will coordinate travel arrangements through their respective agencies or jurisdictions, to include airfare, rental car, and lodging, unless any of these items are provided or arranged by the Requesting State. The EMD can also assist the responding agencies and jurisdictions with travel coordination upon request. If the responders are part of a team, the team leaders will coordinate meeting times and locations either in Washington State or the Requesting State. For economic efficiency, teams will share rental vehicles unless prior authorization for individual vehicle rentals are made.

Deployment

Before departing for a deployment, EMD recommends deploying staff identify an emergency point of contact and provide that information to EMD. If traveling by air, deploying personnel should check travel reservations 12-24 hours prior to departing and also prior to returning.

Deployment Briefing

Prior to departure, a deployment briefing will be scheduled by Washington State's Designated Contact or Authorized Representative, with the location determined by the home location of the resource provider. If a face-to-face briefing is not feasible, then conference call or web conference resources will be utilized to convey the latest information regarding the event and to answer any questions the deploying resources or jurisdictions may have. An accompanying deployment specific PowerPoint presentation will also be made available to deploying personnel and assisting jurisdictions

Conduct

Deployed personnel are expected to represent Washington State in a professional manner by conducting themselves in a professional and ethical manner throughout the period of deployment, consistent with all laws, regulations and policies applicable to the Jurisdictions and their employees.

Immunizations

If concerned about required immunizations, deploying personnel should check with the Designated Contact for any recommendations prior to deploying.

Conditions while deployed

As with any disaster or emergency, working and living conditions may be austere, depending on the circumstances. The situation may require living and working out of tents, which may be co-ed; food may be emergency rations, such as Meals Ready to Eat (MRE); access to land line telephone, internet, or cell phone coverage may be limited; restaurants, hotels, and stores may not be open or available; there may be an increase of insects and snakes in the area; restroom facilities may be portable; and showers may not be readily available. The weather may be warmer or colder than the conditions in the home state, and personnel should be prepared for changing weather conditions. Deployment shifts generally consist of 12 hours (frequently closer to 14, to include time for shift change

briefings), for 14 days, plus two travel days, with no days off during the deployment. Personnel not able to work and live under these types of conditions for the duration of the deployment should alert the authorized representative of their agency or jurisdiction, or if an employee of WMD, alert the Designated Contact, prior to deployment.

Special considerations for the deployment can include any of the following:

- Specialized equipment needed to support the mission
- Personnel clothing needed due to hazardous environment
- Personal health protection needed
- Immunization or inoculation for certain diseases
- Lodging & transportation provisions (come self contained/arranged or will be provided by Requesting State)
- Right-to-work / Union considerations
- Licensure and certification requirements preferences
- Security provisions in hostile areas

Deploying personnel should plan accordingly while packing for deployment, depending on the worksite anticipated, and monitor updated weather reports. Due to potentially limited space, personnel should pack only essential items for the target location and potential tasks assigned.

If the Requesting State provides food or lodging to deployed personnel, food and lodging for those days is not eligible for reimbursement as a deployment expense. If personnel choose to obtain lodging or food outside of what the Requesting State provides, the cost for that lodging or food will not be eligible for reimbursement.

Accountability

Prior to departing the home location for the deployment, personnel are requested to contact their home work station, per home agency policy and procedures, to track departures and arrivals to and from the deployment station, and when arriving at home after the deployment.


Upon arrival to specified assignments, personnel must check in with the Requesting State's EMAC A-Team Leader (usually at the state emergency operations center) or to a designated point of contact. While deployed, personnel will be assigned to positions within the requesting state, aligning with the description provided in the REQ-A. Personnel will be directed to a state or local jurisdiction point of contact to provide specific duty assignments and details. If at any time during the deployment additional assistance is needed, personnel should coordinate inquiries through the assigned team leader or call the Washington State Alert & Warning Center. In the event of illness while on deployment, personnel need to ensure the appropriate team leader or supervisor is aware of the situation and can account for all personnel.

If personnel desire to take annual leave at the end of the deployment, home agency leave policies must be followed. Individuals are no longer considered

employees of the state. Any additional expenses for leave taken will be at the employees' expense. These costs include, but are not limited to, additional charges for changing a flight, shuttle costs, or additional car rental. Additionally, personnel taking leave at the end of the deployment must inform the team leader, the Requesting State Designated Contact, and the Washington State Alert & Warning Center with the location of the leave, contact number, and date of return. If deployed as a team member, the team leader may represent all the members of the team for accountability only if the team leader can account for all deployed team personnel through contact with each individual.

Mobilization Checklist

An EMAC Mobilization Checklist can assist in ensuring all recommended tasks are complete prior to and during deployment.

<div style="text-align: center;">  <p>MOBILIZATION CHECKLIST</p> </div> <p>Incident Name/Mission Number: _____</p> <p>Your EMAC mission is _____</p> <p>You are being deployed to the State of _____</p> <p>The address is _____</p> <p>You are to report to _____</p> <p>Your scheduled reporting time/date is _____</p> <p>Expected duration of assignment _____</p> <p>Expected operating environment, communication protocol, assignment details _____</p> <p>Before Deployment:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Obtain situational briefing from EMAC Coordinator and required information from the EOC Supervisor (Assisting State) <input type="checkbox"/> Obtain travel information from the EMAC Coordinator (Assisting State) <input type="checkbox"/> Prepare go-kit for specific assignment. (If an A-Team member, inventory the EMAC Go-Kit and sign accountability document if necessary) <input type="checkbox"/> Notify State Emergency Operations Officer of the destination and expected function. Provide a cell phone or other contact numbers if known. <input type="checkbox"/> Perform communications check with assigned communications equipment prior to departure. <input type="checkbox"/> Obtain location and persons to contact at the assigned destination and notify the State Emergency Operations Officer of this information. <input type="checkbox"/> Ensure all expenditure accountability documents are understood and identified before departure. <p>Upon Arrival at Deployment Station:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Notify the Requesting State Point of Contact (Name) of your arrival at point of assignment and obtain mission briefing. Provide personal contact information for home station in case of emergency. <p>EMAC Mobilization Checklist Page 1 of 2</p>	<div style="text-align: center;"> <p>EMAC MOBILIZATION CHECKLIST</p> </div> <ul style="list-style-type: none"> <input type="checkbox"/> Notify home state EOC Supervisor and/or State Emergency Operations Officer of your arrival at the point of assignment and provide an estimated date of departure and arrival back to home station. <input type="checkbox"/> Perform communications check and confirm contact numbers with home station. <input type="checkbox"/> Report to your work area supervisor. <input type="checkbox"/> Plan for continued operations, establish work shift to support the operations, report required information and input to A-Team. <input type="checkbox"/> Maintain Contact with A-Team to keep them informed of location, mission, and contact information. Establish reporting schedule. <input type="checkbox"/> Fill out Personnel Resource Information Sheet and provide to A-Team. <p>A-Team Specific Checklist Items:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Notify your home office and the National Coordinating Team (NCT) and/or the National Coordination Group (NCG) of your arrival at the point of assignment. Perform communications check and confirm contact numbers. <input type="checkbox"/> Check in with requesting state POC (i.e. EMAC Authorized Representative or Designated Contact) and obtain specific information pertaining to the resources currently needed. <input type="checkbox"/> Attend Requesting State operations briefings. <input type="checkbox"/> Establish computer interface within State EOC. <input type="checkbox"/> Access EMAC Website and broadcast messages for requests and daily Situation Reports as needed. <input type="checkbox"/> Obtain latest press releases. <input type="checkbox"/> Obtain and read the daily Action Plan and Situation Reports. <input type="checkbox"/> Attend Incident Action Plan meetings. <input type="checkbox"/> Participate in conference calls as scheduled. <input type="checkbox"/> Plan for continued operations, establish work shift, and ensure that your schedule is posted at your assigned workstation. <input type="checkbox"/> Maintain every other day contact with deployed EMAC assets within your Area of Operations. Transfer the data from the EMAC Personnel Information Form onto the EMAC Deployed Personnel Tracker for this purpose. <input type="checkbox"/> Maintain contact with NCT and/or NCG including reporting on a daily basis to keep them informed of affected locations, requested missions, and updated contact information. <input type="checkbox"/> Maintain contact with assisting states on a regularly scheduled basis to keep them informed of personnel status and update contact information as needed. <input type="checkbox"/> As your assignment comes to an end, follow Demobilization Procedure Checklist. <p>EMAC Mobilization Checklist Page 2 of 2</p>
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Finances

Personnel deploying are required to carry sufficient funds and have a personal or agency credit card for travel expenses. A credit card is generally required for lodging, rental car, emergency purchases, and possible flight changes. If a financial emergency arises while deployed, the home jurisdiction should be contacted to assist with financial coordination.

Upon return to Washington State, deployed personnel need to follow reimbursement procedures with the home agency as would occur on a normal business trip. These procedures include obtaining all receipts for any authorized expenses. The home agency will send a request for reimbursement as a package, complete with receipts and any additional billing information for all personnel for

the deployment to EMD. The timeliness of the agency reimbursement is dependent on how quickly personnel file their travel reimbursement paperwork with their home agencies.

Overtime

Overtime or exchange time is dependent on the home agency's policies. In addition, any overtime accrued must be in line with the original estimated cost as submitted by the home agency prior to the deployment. As indicated in the executed IGAs, accrued costs that exceed the initial estimate provided by the assisting jurisdiction for REQ-A Section II and IGA Amendment completion are subject to approval by the Requesting State.

Deploying personnel should check with their home agency prior to deployment to determine overtime limits for tracking purposes during the deployment. All deploying personnel should take a means of documenting hours worked, as the Requesting State may not have the same documentation methods as the home agency.

Stress Management

Because of the possibility of tremendous loss of life, serious injuries, missing and separated families, and destruction of whole areas, deploying personnel need to recognize the deployment site environment may be extremely stressful. If personnel feel overwhelmed by the event at any time, they should notify their supervisor for assistance.

Upon return from the deployment, personnel should follow their home agencies' policies and procedures regarding Critical Incident Stress Debriefing. There are also programs available for which EMD can provide coordination assistance to help personnel with coping with the stress of the deployment as well as readjusting back into regular routines.

Documentation

Deploying personnel are required to carry the following documentation to have readily available for travel and at the deployment site: Driver's license or state identification card, professional credentials (if applicable), Mission Orders, and emergency contact information.

While deployed, personnel may need to complete additional documentation, depending upon the situation, which may provide supplementary justification for the resource and jurisdiction when filing for reimbursement.

The Requesting State may require different or additional forms. The following are samples of forms which may be referenced during a deployment.

ICS-214 Unit Log

A Unit Log documents actions taken during a deployment.

[illegible]

Additional Incident Command System (ICS) forms can be located and downloaded as needed from the Federal Emergency Management Agency (FEMA) website: http://www.fema.gov/pdf/emergency/nims/ics_forms_2010.pdf

Crew Time Report or Time Card

Documentation of actual hours worked are required in writing and each sheet is required to be signed by an authorized supervisor.


Equipment Shift Ticket

An Equipment Shift Ticket is used to document the daily usage of equipment, and is only required if the equipment in use deployed as a resource with personnel from a resource provider from Washington State.

Demobilization

Once the Requesting State releases the resources, the demobilization process begins. The EMAC Demobilization Checklist can assist in ensuring all recommended tasks are complete after deployment.

Demobilization Checklist

<div style="text-align: center;">  <p>DEMobilIZATION CHECKLIST</p> </div> <p><u>General Information</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> The A-Team will facilitate all resource releases from an incident after obtaining concurrence from the National Coordination Group (NCG), or the National Coordinating Team or the Regional Coordinating Team when directed to do so by the NCG. <input type="checkbox"/> The A-Team will coordinate its release with the respective state's EMAC Designated Contact. <input type="checkbox"/> Resources will be released after the agreed upon tour of duty, or at such time that the requesting State Emergency Operations Center (SEOC) determines a resource is surplus to current missions. <input type="checkbox"/> Demobilization activities will be coordinated with the Requesting State EOC and the A-Team. <input type="checkbox"/> Resources will not be released unless alternate arrangements are approved. <input type="checkbox"/> No resources will de-mobilize until authorized to do so by the requesting state. <input type="checkbox"/> The A-Team will evaluate and coordinate transportation requirements with the SEOC. <input type="checkbox"/> The National Coordination Group, or the NCT or the RCT, with NCG concurrence, shall authorize release of an A-Team and return this function back over to the Requesting State. <p><u>General guidelines applying to EMAC resources before leaving the Requesting State:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> No resource will be released without the approval of the A-Team. <input type="checkbox"/> No resources will be released without having a minimum of eight (8) hours off shift for R&R, unless specifically approved in advance by the A-Team. <input type="checkbox"/> All resources must be able to return to their home duty station prior to 2200 (10:00PM) unless specifically approved in advance by the A-Team. <input type="checkbox"/> The A-Team will attempt to debrief all personnel assigned to the incident prior to departure. The debriefing will include: <ul style="list-style-type: none"> <input type="checkbox"/> Confirmation of travel arrangements. <input type="checkbox"/> Review of individual responsibilities for demobilization. <input type="checkbox"/> Ensuring any issued equipment for the incident is returned and all documentation is completed and submitted as required. <p><u>Common Responsibilities</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Safety of all personnel is paramount during demobilization. <input type="checkbox"/> All personnel shall follow the procedures established in the EMAC Operations Manual and set forth in this checklist. <p>EMAC Demobilization Checklist January 2005</p>	<p>EMAC DE-MOBILIZATION CHECKLIST</p> <ul style="list-style-type: none"> <input type="checkbox"/> The EMAC Personnel Demobilization Form and all other event required documents (i.e., ICS Form 221) should be used to demobilize personnel and redeploy back to their home duty station. <p><u>The A-Team shall:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Approve demobilization plans. <input type="checkbox"/> Ensure coordination, and reporting of, demobilization activities with federal authorities and other member states of the Compact. <input type="checkbox"/> Prepare and execute demobilization plan in coordination with Requesting State authorities. <input type="checkbox"/> Submit proposed release of resources for NCG approval. <input type="checkbox"/> Debrief all EMAC personnel prior to release. <input type="checkbox"/> Use Personnel Demobilization Form and review other EMAC documents (Personnel Information Form, Work Schedule Form, REQ-As, etc) to ensure all resources are accounted for and properly demobilized. <input type="checkbox"/> Fully brief/debrief replacement A-Team members or the NCG of the resource and EMAC operations status. <input type="checkbox"/> Post final Situation Report on EMAC Website or will coordinate with the NCG or the NCT/RCT, with approval from the NCG, to close out operations prior to departure. <input type="checkbox"/> Debrief Requesting State personnel, complete and submit all demobilization documents and return EMAC operations over to Requesting State and either the RCT or the NCT, with approval from the NCG. <input type="checkbox"/> Gather all hard copy and electronic EMAC documents and mission records and ensure they are sent to the EMAC Coordinator at the National Emergency Management Association, P. O. Box 11910, Lexington, KY 40578-1910. <p><u>All Deployed Personnel and/or Resources shall:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Make contact with A-Team for debriefing and other demobilization instructions as necessary. <input type="checkbox"/> Advise the A-Team of method of travel, point of departure, destination and estimated time of arrival at home station. <input type="checkbox"/> Return any equipment checked out for use during deployment. <input type="checkbox"/> Submit any documentation as needed or requested by A-Team and the Requesting State. <input type="checkbox"/> Notify the A-Team, Requesting State and Assisting State of safe arrival at home station upon return. <input type="checkbox"/> Complete and submit the EMAC Response Survey Form as instructed on the Form upon arrival at home station. <p style="text-align: right;">Page 2 of 2</p>
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As deployed personnel return home, they need to immediately notify their home agency or jurisdiction as well as EMD, documenting the actual time of return.

Reimbursement

Accurate and timely collection, preparation, and submission of documentation and coordination by Member States will expedite the reimbursement process. Reimbursement packages, whether from deployed resources to jurisdictions or from jurisdictions to the state, should provide detailed cost documentation and supporting documents within the scope of services as defined in the fully executed REQ-A.

Eligible Costs

1. Personnel Costs

- A. Regular time salary, overtime salary, and fringe benefits calculated at the regular rate utilized by Washington State or political subdivision or other entity within the state.

2. Travel Costs

- A. Airfare (unless direct billed to the providing entity)

- B. Ground transportation costs such as:
 - i. Rental vehicles and fuel
 - ii. Taxi
 - iii. Shuttle
 - iv. Parking fees
 - v. Toll fees
 - vi. Government-owned vehicle mileage (either a per mile mileage rate or the cost of gasoline)
 - vii. Personally-owned vehicle mileage (either a per mile mileage rate or the cost of gasoline)
- C. Lodging (unless direct billed to the Requesting State)
- D. Meals not otherwise provided by entities of the Requesting State
 - i. The policy of EMD is to reimburse meals not provided by the Requesting State via per GSA diem rates (<http://www.gsa.gov>) , and not actual cost. All other claims for expenses need to be accompanied with receipts and have a direct association with the deployment.
- 3. Equipment Costs:
 - A. Maintenance and operating costs necessary to operate equipment vehicles and machinery required to perform the mission described in Form REQ-A.
- 4. Commodity Costs:
 - A. Consumables, supplies and materials used for the mission described in Form REQ-A.
- 5. Other Costs:
 - A. Reasonable costs to repair or replace equipment damaged during deployment while performing assigned mission described in Form REQ-A. These costs should take into consideration the depreciated value of the equipment and any insurance coverage available for the damage or loss.
 - B. Costs relating to decontamination of equipment and cleaning of personal protective equipment used in performing the mission as described in Form REQ-A.
 - C. Costs of purchasing and transporting supplies as requested by the Requesting State (and approved in Form REQ-A).
 - D. Reasonable costs for maintenance of equipment to pre-disaster condition.
 - E. Deployed items replacement costs: All damaged, destroyed, totaled, contaminated, or otherwise unusable items that were used on an

official fully executed EMAC mission (uniform, turn out gear, etc.) should be considered as replacement and should be documented as such. Further, these items should be reported as damaged as soon as known to be so such that proper record keeping can take place.

Ineligible Costs

1. Administrative costs associated with pre-deployment and post-deployment functions or other costs incurred by Washington in responding to EMAC requests, unless otherwise mutually agreed upon by each party state and stipulated in Form REQ-A, are not eligible for reimbursement. EMAC was intended to provide reimbursement for actual costs incurred in the deployment mission described in Form REQ-A.
2. Replacement costs: While damaged, destroyed, totaled, contaminated, or otherwise unusable items that were used on an official fully executed EMAC mission (uniform, turn out gear, etc.) should be considered as replacement; acquisition of items prior to the deployment is not eligible.
3. Costs for alcohol, tobacco, toiletries, or similar items are not eligible for reimbursement.
4. Costs incurred by an entity that self-deployed without an approved Mission Order described in an officially executed REQ-A without prior consent of both the Washington State and Requesting State Authorized Representatives.
5. Costs for items not specified or indicated in Form REQ-A unless otherwise deemed justifiable by the Requesting State at a later date and supported by appropriate documentation in the reimbursement package and as accepted by the EMAC Authorized Representative.

Reimbursement Documentation

If tasked to perform the mission described in Form REQ-A, the actual costs incurred by Washington State agencies or departments, their political subdivisions, or other entities tasked to perform the mission described in the REQ-A will be entered on a separate Intrastate Reimbursement Form R-2 by EMD personnel for each completed REQ-A. Costs entered on each Reimbursement Form R-2 will then be totaled by category and entered on Reimbursement Form R-1 by EMD personnel, representing the total costs for each completed REQ-A.

1. Each agency or jurisdiction providing resources (personnel or equipment) need to provide documentation including, but not limited to:
 - a. Copy of the fully executed REQ-A
 - b. Timesheets or other time worked record signed by a Team Leader or other authorized individual
 - c. Work records documenting tasks completed
 - d. Payroll documentation
 - e. Travel expense reports and vouchers

- f. Copies of paychecks
- g. Receipts or invoices for purchased goods
- h. Other documents evidencing costs incurred

Injury Claims

Any injuries sustained during the course of deployment must be immediately reported to the on-scene supervisor or team leader, Requesting State Designated Contact, and EMD. The details must be documented. The incident documentation, supported by the record in the Unit Log or other documented sources, is required for the support of any claims.

Injury claims must be submitted to EMD within 45 days of the end of the deployment. Exceptions to the 45 days will be reviewed on a case-by-case basis. Agencies, jurisdictions, or persons with claims exceeding the 45 day period need to submit a detailed written request for exception.

APPENDICES

Appendix A - Acronyms

AO	Area of Operations
AR	Authorized Representative
ARF	Action Request Form
DC	Designated Contact
EMAC	Emergency Management Assistance Compact
EOC	Emergency Operations Center
GSA	United States General Services Administration
ICS	Incident Command System
LEMA	Local Emergency Management Agency
MD	Washington State Military Department
MRE	Meals Ready to Eat
NCG	National Coordination Group
NCT	National Coordinating Team
NEOC	National Emergency Operations Center
PNEMA	Pacific Northwest Emergency Management Arrangement
RCT	Regional Coordinating Team
RCW	Revised Code of Washington
RRCC	Regional Resource Coordination Center
SA	Situational Awareness
SEOC	State Emergency Operation Center
SITREP	Situational Report
USC	United States Code
WAC	Washington Administrative Code
WMD	Washington Military Department
WSEMD	Washington State Emergency Management Division

Appendix B - Documents

Intergovernmental Agreement (IGA)

Military Department IGA #EXX-XXX

INTERGOVERNMENTAL AGREEMENT FOR EMAC AND PNEMA ASSISTANCE BETWEEN

Washington Military Department
Bldg #20, M.S.TA-20
Camp Murray, WA 98430-5122
(253) 512-7059 FAX: (253) 512-7203
Contact Person: Chris Utzinger
E-mail: c.utzinger@emd.wa.gov

AND

JURISDICTION NAME: _____
STREET ADDRESS: _____
CITY, STATE ZIP _____
Phone (____) ____-____
Contact Person: _____
E-mail: _____
TIN # _____
UBI # _____

Start Date: _____, 2012

End Date: _____, 2017

1. INTRODUCTION:

This Intergovernmental Agreement (Agreement), pursuant to Ch. 38.10 RCW (Emergency Management Assistance Compact (EMAC)), ch. 39.34 RCW (Interlocal Cooperation Act), ch. 38.52 RCW (Emergency Management Act), and the Pacific Northwest Emergency Management Arrangement (PNEMA), is made and entered into by and between the Washington State Military Department through its Emergency Management Division (EMD), and the local jurisdiction within the State of Washington identified above, hereinafter referred to as "Jurisdiction". EMD, through these authorities, coordinates interstate mutual aid according to the model presented in the National Strategy for Homeland Security. EMAC, Chapter 38.10 RCW, and Public Law 104-321, authorize and direct the deployment of certain necessary mutual aid between the EMAC participants, who are currently all fifty states, Puerto Rico, Guam, the U.S. Virgin Islands, and the District of Columbia. PNEMA and Public Law 105-381 authorize and direct the deployment of certain necessary mutual aid between the PNEMA participants, who are currently the States of Alaska, Idaho, Oregon, and Washington, the Canadian Province of British Columbia, and the Yukon Territory. This Agreement provides for the use of authorized resources (including employees and equipment) of the Jurisdiction in responding to requests for EMAC or PNEMA assistance from a participating party in which EMD has identified authorized resources of the Jurisdiction that are qualified and immediately available to deploy and perform the requested EMAC or PNEMA assistance in a requesting participating party.

2. SCOPE:

Pursuant to this Agreement, the authorized resources of the Jurisdiction will be deployed to provide EMAC or PNEMA assistance. When the deployed authorized resources of the Jurisdiction are employees of the Jurisdiction, those Jurisdiction employees will be treated as state employees for purposes of EMAC or PNEMA deployment only and will be entitled to the rights and benefits under EMAC or PNEMA available to state officers and employees, but not for any other purpose. The Jurisdiction will be reimbursed for authorized costs incurred as a result of authorized resource deployment as provided in this Agreement.

3. Authorization and Deployment of Resources

- a. This Agreement is not an authorization to deploy. EMAC and PNEMA deployment of the Jurisdiction's resources under this Agreement shall only be authorized as provided in a completed amendment to this Agreement in the form attached hereto as "Attachment A" that has been mutually executed by the parties. The Jurisdiction shall not deploy any resources under

Military Department IGA #EXX-XXX

this Agreement except in compliance with such authorization. No reimbursement will be provided for resources deployed inconsistent with such authorization.

- b. Jurisdiction resources authorized for deployment under this Agreement (the "authorized resources") are only those listed on mutually executed amendments in the form attached hereto as "Attachment A" that reference this Agreement by number and include the authorized charge code, EMAC or PNEMA mission number and disaster name, identification of the authorized resource (employee/equipment), description of the anticipated EMAC or PNEMA duties, maximum reimbursement, estimated duration of deployment, reporting location, point of contact at the destination, and completed verification of credentials.

4. Financial Management and Reimbursement

- a. The Military Department will reimburse the Jurisdiction for the expenses of authorized resources deployed under this Agreement up to the maximum amount provided for herein to the extent supported by proper documentation establishing the expenses were actually incurred pursuant to authorized deployment under the Agreement. No reimbursement will be provided for resources deployed inconsistent with the authorization contained in a completed amendment to this Agreement in the form attached hereto as "Attachment A" that has been mutually executed by the parties.
- b. The authorized resource expenses that may be reimbursed are only those contained in a completed amendment to this Agreement in the form attached hereto as "Attachment A" that has been mutually executed by the parties, and include employee salary, benefits, overtime, air and land travel expenses, lodging, and per diem; and equipment use and operation costs. Unless this Agreement is amended by Attachment A to provide otherwise, lodging and per diem shall only be reimbursed in accordance with the Federal General Services Administration (GSA) rates for the applicable deployment location existing at the time of deployment under this Agreement, which are located at <http://www.gsa.gov/portal/category/21287>.
- c. The maximum amount of reimbursement for Fire District and Fire Department authorized resources shall be based on the State Fire Chiefs Rate Schedule in effect at the time of deployment, which is incorporated herein by reference. For all other Jurisdictions, the maximum amount of reimbursement for authorized employee expenses under this Agreement shall be the lesser of (1) the maximum amount identified in the mutually executed Attachment A to this Agreement and amendments thereto, or (2) the amount that the employee would have received in the absence of this Agreement. In no case will reimbursement for authorized resources of any Jurisdiction (including Fire Districts and Fire Departments) exceed the maximum estimated total resource cost identified in the mutually executed Attachment A or a subsequent mutually executed written amendment thereto in the same form.
- d. The Jurisdiction shall maintain books, records, documents, receipts and other evidence which sufficiently and properly support and reflect all costs and expenditures authorized by this Agreement. These records shall be subject to inspection, review or audit during normal business hours by authorized Department personnel or its designee(s), the Office of the State Auditor, and federal officials so authorized by law. Such books, records, documents, receipts and other material relevant to this Agreement shall be retained for six (6) years after expiration.
- e. The Jurisdiction will submit a final state invoice voucher identifying this Agreement and the appropriate charge code to the Military Department within 45 days after return by the deployed authorized resource, and must include documentation and receipts supporting all claimed reimbursement. The Jurisdiction agrees to immediately comply with any request by EMD for additional supporting documentation or receipts.

Military Department IGA #EXX-XXX

5. Resource Management

- a. The Jurisdiction agrees that it will only deploy employees as authorized resources under this Agreement who are fully qualified and capable of performing the duties described in the completed and mutually executed Attachment A and under the conditions described therein. The Jurisdiction agrees that if any of its employees deployed as an authorized resource under this Agreement are determined by the EMAC or PNEMA requesting participant, in its sole discretion, to not meet this requirement, those employees may in the sole discretion of the EMAC or PNEMA requesting participant be returned to the Jurisdiction from which they deployed at the sole cost and expense of the Jurisdiction, and the cost and expense of deploying and returning the employee(s) will not be reimbursed under this Agreement. Such qualifications and capabilities shall include, but not be limited to, the following:
 - 1) Has completed training for ICS 100, 700 and 800;
 - 2) Has received training customary or required for the position for which they are being deployed;
 - 3) Currently possesses all certifications and licenses required in the state of Washington to perform the duties for which they are being deployed;
 - 4) Has past experience operating in the position for which they are being deployed; and
 - 5) Has the ability to fully and effectively perform all duties of the position for which they are being deployed.
- b. The Jurisdiction agrees that if any of its employees deployed as an authorized resource under this Agreement exhibit behavior, conduct or other condition that, in the sole discretion of the EMAC or PNEMA requesting participant, interferes with the employee's ability to perform the duties for which they are deployed, that employee may, in the sole discretion of the EMAC or PNEMA requesting participant, be returned to the Jurisdiction from which they deployed at the sole cost and expense of the Jurisdiction, and such cost and expense will not be reimbursed under this Agreement.
- c. The Jurisdiction agrees that it will only deploy equipment as an authorized resource under this Agreement that is in good working order and condition when deployed. Any such equipment determined by the EMAC or PNEMA requesting participant in its sole discretion not to have been in good working order or condition at the time of deployment may, in the EMAC or PNEMA requesting participant's sole discretion, be returned to the Jurisdiction from which it was deployed at the sole cost and expense of the Jurisdiction, and the cost and expense of deploying and returning the equipment will not be reimbursed under this Agreement.
- d. The Jurisdiction agrees that its employees deployed under this Agreement will be required by the Jurisdiction to conduct themselves in a professional and ethical manner throughout the period of deployment, consistent with all laws, regulations and policies applicable to the Jurisdiction and its employees.
- e. Hold Harmless. To the extent allowed by law, each party shall defend, protect and hold harmless the other party from and against any claims, suits, and/or actions arising from any negligent act or omission of that party's employees, agents and or authorized representatives while performing under this Agreement.

6. Alterations And Amendments

This Agreement and any of its Attachments may only be altered or amended by mutual agreement of the parties. Such amendments shall not be binding unless they are in writing and signed by personnel authorized to bind each of the parties. All other terms and conditions of this Agreement shall remain in full force and effect and binding upon the parties.

Military Department IGA #EXX-XXX

7. Termination

Either party may terminate this Agreement upon thirty (30) days prior written notification to the other party. If this Agreement is so terminated, the parties shall be liable only for performance rendered or costs incurred in accordance with the terms of this Agreement prior to the effective date of termination.

8. All Writings Contained Herein

This Agreement contains all the terms and conditions agreed upon by the parties. No other understandings, oral or otherwise, regarding the subject matter of this Agreement shall be deemed to exist or to bind any of the parties hereto.

IN WITNESS WHEREOF, the parties have executed this Agreement.

For the Department:

BY: _____ Date
James M. Mullen, Director
Emergency Management Division
Washington Military Department

For the Jurisdiction:

BY: _____ Date
Name
Position
(Name of Jurisdiction)

BOILERPLATE APPROVED AS TO FORM:

Brian Buchholz (signature on file) 01/09/2012
Senior Counsel, Assistant Attorney General

Intergovernmental Agreement (IGA) Amendment Attachment

Attachment A

INTERGOVERNMENTAL AGREEMENT AMENDMENT NO. [REDACTED]
For [EMAC/PNEMA] Deployment of Authorized Resources and Cost Estimate
Mission Number [REDACTED], [State/Location], [Disaster Name]
[Jurisdiction Name], Tin# [insert], UBI# [insert]

- 1. SUMMARY OF EXPECTED DEPLOYMENT PHYSICAL CONDITIONS, DUTIES TO BE PERFORMED DURING DEPLOYMENT, AND CORRESPONDING AUTHORIZED RESOURCES ANTICIPATED TO PERFORM THOSE DUTIES (Duties to be taken from EMAC REQ-A or PNEMA equivalent):**

- 2. DEPLOYMENT PROGRAM INDEXES/CHARGE CODES:**

- 3. DETAILED DESCRIPTION OF AUTHORIZED RESOURCES AND COST ESTIMATES, WITH ESTIMATED BUDGET SUMMARY and Total Maximum Resource Cost Authorized:**

The following are the authorized resources (equipment and/or personnel) the Jurisdiction may deploy for Mission No. XXXX, (name of event) in (state/location of event), and corresponding total maximum resource cost amounts (based on estimates) that may be reimbursed under this Agreement. In completing this form, all estimates for fire resources (personnel and equipment of a Fire District or Fire Department) will be calculated based upon the State Fire Chiefs Rate Schedule in effect at that time, and the personnel benefit hourly rate used below for fire resources is to be 25% of the personnel regular salary hourly rate.

Attachment A

Authorized Resources and Detail of Total Maximum Resource Cost:

Requesting State Mission Tracking #						Assisting State Mission Tracking #							
Personnel Salaries and Benefits													
First Name:	Last Name:	Phone:	E-Mail:	Position Title	Cert. Type / Card #	Regular Salary Hourly Rate	Benefit Hourly Rate	# of Reg Hrs per day	OT Hourly Rate	OT Benefit Hourly Rate	# of OT Hours per day	Volunteer Firefighter Stipend	Total Daily Cost
Ex: Robert	Jones	253.555.1212	rljones@fire.org	Engine Boss	Red Card #1234	\$ 40.00	\$ 10.00	8.00	\$ 60.00	\$ 15.00	4.00	\$ -	\$ 560.00
Ex: John	Doe	360-765-4321	jdoo@volunteer.net	Volunteer	Red Card #7654							\$ 100.00	\$ 100.00
													\$ -
													\$ -
													\$ -
Total Maximum Personnel Cost													\$ 660.00
Personnel Travel													
Name	POV/Mileage	AOV	Per Diem	Hotel	Shipping	Rental Car	Air Fare	Baggage	Parking	Other (Desc.)	Other (Desc.)		Total Daily Cost
Ex: Jones	\$ 18.20	\$ -	\$ 864.00	\$ 2,116.52	\$ 80.00	\$ 77.00	\$ 540.00	\$ 45.00	\$ 96.00	\$ 12.00	\$ -		\$ 3,848.72
													\$ -
													\$ -
													\$ -
Total Maximum Travel Cost													\$ 3,848.72
Equipment (Include estimated costs for fuel OR miles - NOT both)													
	Type	Kind	Description of Duties for Which Deployed Equipment Will Be Used	Daily Rate	Mileage Rate	Estimated Miles	Estimated Fuel	Total Daily Cost					
1	Ex: Type II	Rotary Wing Aircraft	for use in damage recon	\$ 250.00	\$ -	\$ 1,500.00		\$ 1,750.00					
2								\$ -					
3								\$ -					
4								\$ -					
5								\$ -					
Total Maximum Equipment Cost								\$ 1,750.00					
Total Maximum Deployment Cost								\$ 6,258.72					

Attachment A

Estimated Budget Summary of Total Maximum Resource Cost					
ESTIMATED DURATION OF RESOURCE DEPLOYMENT:		From		To	
(Example)		Average Daily Cost	# of Resources	# of Days	Total
Salaries (A)		\$ 350.00	4	16	\$ 22,400.00
Benefits (B)		\$ 90.00	4	16	\$ 5,760.00
Goods/Services (E)**		\$ 25.00	4	16	\$ 1,600.00
Travel (G) - Lodging/Per Diem		\$ 165.00	4	16	\$ 10,560.00
Travel (G) - Other (Air/Car/Taxi)		\$ 700.00	4	2	\$ 5,600.00
Equipment (J) **		\$ 50.00	1	16	\$ 800.00
Total Maximum Resource Cost					\$ 46,720.00
** = If applicable					

IN WITNESS WHEREOF, the parties have executed this Amendment on the date last written below, and any reference to the "Agreement" shall mean "the Agreement as Amended".

For the Department:

For the Jurisdiction:

BY: _____
James M. Mullen, Director Date
Emergency Management Division
Washington Military Department

BY: _____
Name Date
Position
(Name of Jurisdiction)

W-9 Form

<p>Form W-9 (Rev. December 2011) Department of the Treasury Internal Revenue Service</p>	<h3 style="margin: 0;">Request for Taxpayer Identification Number and Certification</h3>	<p>Give Form to the requester. Do not send to the IRS.</p>												
<p>Print or type See Specific Instructions on page 2.</p>	<p>Name (as shown on your income tax return)</p>													
	<p>Business name/disregarded entity name, if different from above</p>													
	<p>Check appropriate box for federal tax classification:</p> <p> <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate </p>													
	<p> <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ </p>													
	<p> <input type="checkbox"/> Other (see instructions) ▶ </p>													
	<p> <input type="checkbox"/> Exempt payee </p>													
<p>Address (number, street, and apt. or suite no.)</p>		<p>Requester's name and address (optional)</p>												
<p>City, state, and ZIP code</p>														
<p>List account number(s) here (optional)</p>														
<h4>Part I Taxpayer Identification Number (TIN)</h4> <p>Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3.</p> <p>Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.</p>														
		<p>Social security number</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;"> </td> <td style="width: 5%;"> </td> <td style="width: 5%;"> </td> <td style="width: 5%;"> </td> <td style="width: 5%;"> </td> <td style="width: 5%;"> </td> <td style="width: 5%;"> </td> <td style="width: 5%;"> </td> <td style="width: 5%;"> </td> <td style="width: 5%;"> </td> <td style="width: 5%;"> </td> <td style="width: 5%;"> </td> </tr> </table>												
		<p>Employer identification number</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;"> </td> <td style="width: 5%;"> </td> <td style="width: 5%;"> </td> <td style="width: 5%;"> </td> <td style="width: 5%;"> </td> <td style="width: 5%;"> </td> <td style="width: 5%;"> </td> <td style="width: 5%;"> </td> <td style="width: 5%;"> </td> <td style="width: 5%;"> </td> <td style="width: 5%;"> </td> <td style="width: 5%;"> </td> </tr> </table>												
<h4>Part II Certification</h4> <p>Under penalties of perjury, I certify that:</p> <ol style="list-style-type: none"> The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and I am a U.S. citizen or other U.S. person (defined below). <p>Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.</p>														
<p>Sign Here</p>	<p>Signature of U.S. person ▶</p>	<p>Date ▶</p>												
<h4>General Instructions</h4> <p>Section references are to the Internal Revenue Code unless otherwise noted.</p> <h4>Purpose of Form</h4> <p>A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.</p> <p>Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:</p> <ol style="list-style-type: none"> Certify that the TIN you are giving is correct (or you are waiting for a number to be issued), Certify that you are not subject to backup withholding, or Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income. 														
<p>Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.</p> <p>Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:</p> <ul style="list-style-type: none"> An individual who is a U.S. citizen or U.S. resident alien, A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, An estate (other than a foreign estate), or A domestic trust (as defined in Regulations section 301.7701-7). <p>Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.</p>														
<p>Cat. No. 10231X</p>		<p>Form W-9 (Rev. 12-2011)</p>												

Signature Authorization Form

SIGNATURE AUTHORIZATION FORM		
WASHINGTON STATE MILITARY DEPARTMENT Camp Murray, Washington 98430-5122		
<i>Please read instructions on reverse side before completing this form.</i>		
NAME OF ORGANIZATION	DATE SUBMITTED	
PROJECT DESCRIPTION	CONTRACT NUMBER	
1. AUTHORIZING AUTHORITY		
SIGNATURE	PRINT OR TYPE NAME	TITLE/TERM OF OFFICE
2. AUTHORIZED TO SIGN CONTRACTS/CONTRACT AMENDMENTS		
SIGNATURE	PRINT OR TYPE NAME	TITLE
3. AUTHORIZED TO SIGN REQUESTS FOR REIMBURSEMENT		
SIGNATURE	PRINT OR TYPE NAME	TITLE

\\NAC-1\VOL1\HOME\KARENBL...WP\SIGNAUTH Revised 5/00

Vendor Registration Form

PLEASE
DO NOT
STAPLE

Statewide Payee Registration Washington State

STEP 1: Is this a NEW registration or CHANGE to an existing registration (check one)?

- ☐ **NEW REGISTRATION** (also includes changing the LEGAL NAME, SSN, EIN or reporting type)
- ☐ **CHANGE to EXISTING REGISTRATION** – complete the **ENTIRE** form and check below what is updated:
- ☐ Business Name/DBA ☐ Business Address ☐ Contact Information ☐ Bank, Routing or Account Numbers ☐ Payment Options

If you know your Statewide Vendor Number, enter it here: **SWV**: _____ -

STEP 2: Enter information about the payee and contact person

Legal Name of Payee as it appears on federal tax forms	EIN or SSN for the Legal Name at left
Business Name, if different from Legal Name above – eg. Doing Business As (DBA) Name	Contact Person
Mailing Address for us to send notifications or payments – PO Box or Street Address	Title of Contact person
Mailing Address – Suite or Office Number	() - Ext.
City	Telephone Number for Contact Person
State	() -
Zip + 4	Fax Number for Contact Person
Email for us to use ONLY to send you notifications about your account	Primary Business

STEP 3: Select Payment Option:

- ☐ Direct Deposit to bank (recommended) or ☐ Check in US mail

STEP 4: For Direct Deposit, complete all fields below and sign

Financial Institution Name – must be a US institution	() - Financial Institution Phone Number
Routing Number – see example at right	Account Number – see example at right
You may also attach a voided check if you are unsure which number to enter above	
Account Type: <input type="checkbox"/> Checking or <input type="checkbox"/> Savings (Checking will be used if neither box is marked.)	



Authorization for Direct Deposit:

I hereby authorize and request the Office of Financial Management (OFM) and the Office of the State Treasurer (OST) to initiate credit entries for payee payments to the account indicated above, and the financial institution named above is authorized to credit such account. I agree to abide by the National Automated Clearing House Association (NACHA) rules with regard to these entries. Pursuant to the NACHA rules, OFM and OST may initiate a reversing entry to recall a duplicate or erroneous entry that they previously initiated. I understand that, if a reversal action is required, OFM will notify this office of the error and the reason for the reversal. This authority will continue until such time OFM and OST have had a reasonable opportunity to act upon written request to terminate or change the direct deposit service initiated herein.

Authorization Name on Account	Title
SIGNATURE of Authorization Name on Account	Date

Revised 10/4/2011
Page 1 of 2

STEP 5: Complete and sign the Request for Taxpayer Identification Number (W-9)																									
Substitute Form W-9		Request for Taxpayer Identification Number and Certification																							
1. Legal Name (as shown on your income tax return)																									
2. Business Name, if different from Legal Name above – eg. Doing Business As (DBA) Name																									
3. Check ONLY ONE box below (see W-9 instructions for additional information)																									
<input type="checkbox"/> Individual or Sole Proprietor	<input type="checkbox"/> Corporation	<input type="checkbox"/> LLC filing as Corporation	<input type="checkbox"/> Non Profit Organization	<input type="checkbox"/> Local Government	<input type="checkbox"/> Tax-exempt organization																				
<input type="checkbox"/> LLC filing as a sole proprietor	<input type="checkbox"/> S-Corp	<input type="checkbox"/> LLC filing as Partnership	<input type="checkbox"/> Volunteer	<input type="checkbox"/> State Government	<input type="checkbox"/> Trust/Estate																				
<input type="checkbox"/> Partnership		<input type="checkbox"/> LLC filing as S-Corp	<input type="checkbox"/> Board /Committee Member	<input type="checkbox"/> Federal Government (including Tribal)																					
4. For Corporation, S-Corp, Partnership or LLC, check one box below if applicable: <input type="checkbox"/> Medical <input type="checkbox"/> Attorney/Legal																									
5. If exempt from backup withholding, check here: <input type="checkbox"/> (see instructions for W-9 to determine if you are exempt from backup withholding)																									
6. Address (number, street, and apt. or suite no.)				For office use																					
7. City, state, and ZIP code																									
7. Taxpayer Identification Number (TIN) Enter your EIN <u>OR</u> SSN in the appropriate box to the right (do not enter both) For individuals, this is your social security number (SSN). For other entities, it is your employer identification number (EIN). NOTE: The EIN or SSN must match the Legal Name as reported to the IRS. For a resident alien, sole proprietor, or disregarded entity, or to find out how to get a Taxpayer Identification Number, see the W9 Instructions. If the account is in more than one name, see the W9 Instructions for guidelines on whose number to enter.																									
<div style="display: flex; justify-content: space-around;"> <div> Social security number <table border="1" style="width: 100%;"> <tr> <td></td><td></td><td></td><td>-</td><td></td><td></td><td>-</td><td></td><td></td><td></td> </tr> </table> </div> <div> OR </div> <div> Employer identification number <table border="1" style="width: 100%;"> <tr> <td></td><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> </div> </div>									-			-							-						
			-			-																			
			-																						
8. Certification Under penalty of perjury, I certify that: <ul style="list-style-type: none"> The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and I am a U.S. person (including a U.S. resident alien). (For additional information about the W-9 see the W-9 Instructions.)																									
SIGNATURE of U.S. PERSON				Date																					

STEP 6: Submit

For fastest service, PRINT, SIGN, SCAN and EMAIL to PayeeForms@ofm.wa.gov

If you do not have scanning ability, you may fax to: 360-664-3363
or mail to: Statewide Payee Desk PO Box 41434 Olympia, WA 98504-1434

Debarment Certification Form

Washington Military Department Contract Number: _____

Debarment, Suspension, Ineligibility or Voluntary Exclusion Certification Form

NAME		Doing business as (DBA)	
ADDRESS	Applicable Procurement or Solicitation #, if any:	WA Uniform Business Identifier (UBI)	Federal Employer Tax Identification #:

This certification is submitted as part of a request to contract.

Instructions For Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transactions

READ CAREFULLY BEFORE SIGNING THE CERTIFICATION. Federal regulations require contractors and bidders to sign and abide by the terms of this certification, without modification, in order to participate in certain transactions directly or indirectly involving federal funds.

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the department, institution or office to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.
4. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under the applicable CFR, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under applicable CFR, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Non-procurement Programs.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business activity.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under applicable CFR, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transactions

The prospective lower tier participant certifies, by submission of this proposal or contract, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this form.

Bidder or Contractor Signature: _____

Date: _____

Print Name and Title: _____

Cost Estimate Form

Requesting State Mission Tracking #						Assisting State Mission Tracking #							
Personnel Salaries and Benefits													
First Name:	Last Name:	Phone:	E-Mail:	Position Title	Cert. Type / Card #	Regular Salary Hourly Rate	Benefit Hourly Rate	# of Reg Hrs per day	OT Hourly Rate	OT Benefit Hourly Rate	# of OT Hours per day	Volunteer Firefighter Stipend	Total Daily Cost
Ex: Robert	Jones	253.555.1212	rjones@fire.org	Engine Boss	Red Card #1234	\$ 40.00	\$ 10.00	8.00	\$ 60.00	\$ 15.00	4.00	\$ -	\$ 560.00
													\$ -
Ex: John	Doe	360-765-4321	jdoe@volunteer.net	Volunteer	Red Card #7654							\$ 100.00	\$ 100.00
													\$ -
													\$ -
													\$ -
Total Maximum Personnel Cost													\$ 660.00
Personnel Travel													
Name	POV/Mileage	AOV	Per Diem	Hotel	Shipping	Rental Car	Air Fare	Baggage	Parking	Other (Desc.)	Other (Desc.)	Total Daily Cost	
Ex: Jones	\$ 18.20	\$ -	\$ 864.00	\$ 2,116.52	\$ 80.00	\$ 77.00	\$ 540.00	\$ 45.00	\$ 96.00	\$ 12.00	\$ -	\$ 3,848.72	
												\$ -	
												\$ -	
												\$ -	
Total Maximum Travel Cost													\$ 3,848.72
Equipment (Include estimated costs for fuel OR miles - NOT both)													
Type	Kind	Description of Duties for Which Deployed Equipment Will Be Used	Daily Rate	Mileage Rate	Estimated Miles	Estimated Fuel	Total Daily Cost						
1	Ex: Type II	Rotary Wing Aircraft	for use in damage recon	\$ 250.00	\$ -	\$ 1,500.00	\$ 1,750.00						
2							\$ -						
3							\$ -						
4							\$ -						
5							\$ -						
Total Maximum Equipment Cost							\$ 1,750.00						
Total Maximum Deployment Cost							\$ 6,258.72						

Mission Order


Emergency Management Assistance Compact (EMAC) EMAC Mission Order Authorization Form

Personnel deploying on this mission are under the authority of the Emergency Management Assistance Compact Law passed in all 50 states, the District of Columbia, U.S. Virgin Islands, Puerto Rico, and Guam.			
The Resource Provider, responsible for identifying personnel who will be deployed on this mission, has identified individuals who have the skills, knowledge, and abilities to conduct the mission herein.			
Mission Details:			
Requesting State:		Assisting State:	
Event Name:		Requesting State #:	
Deployment Date:		Assisting State #:	
Demobilization Date:		EMAC #:	
Mission Type:		Discipline/Duty Status:	
Mission Description:			
Resource Description:			
Deployment Conditions and Safety Considerations: As a reminder, you may be deploying into a location with inhospitable conditions.			
Working Conditions:			
Working Conditions Comments:			
Living Conditions:			
Living Conditions Comments:			
The following health and safety concerns apply for this deployment (check the appropriate statement):			
	<input type="checkbox"/> No safety or health concerns have been identified		
	<input type="checkbox"/> Immunizations or vaccinations are suggested to deploy on this mission		
	<input type="checkbox"/> Environmental hazards exist for this mission (identified below)		
	<input type="checkbox"/> Personal protection equipment is needed		
Safety Concerns/Remarks:			
You should report to the location specified below upon arrival in the Requesting State. (If this section is blank, forward-deploy to the deployment location listed below. Do not forward-deploy to the deployment location if a Staging Area is listed below. Otherwise, you may miss valuable information on changes to your mission, issuing of identification, etc.)			
Staging Location/Facility:			
Address 1:			
Address 2:		City:	
State:		Zip Code:	
Point of Contact:			
Phone 1:		Phone 2:	

**Emergency Management Assistance Compact (EMAC)
EMAC Mission Order Authorization Form**

Deployment Location			
Work Location/Facilities:			
Location/Facility Name:			
Address 1:			
Address 2:		City:	
State:		Zip Code:	
Requesting State Resource Coordination Contact: Below is the contact information for the agency that requested the resources. In most cases, this will be the individual/agency that has operational control throughout your deployment.			
First Name:		Last Name:	
Title:		Agency:	
Phone 1:		Mobile:	
Email 1:		Email 2:	
Assisting State Mission Contact: The mission, as described herein, is being conducted under a contractual agreement between the EMAC Requesting & Assisting States. Any changes to the mission or provisions as described should be immediately communicated to the home state emergency management agency using the contact information below. Changes to the mission (i.e., a change in lodging prices, equipment damages, etc. may result in an amendment to the contract instrument).			
Assisting State Contact:		E-mail:	
Phone 1:		Phone 2:	
Total Estimated Costs (from all cost categories):			
Total Travel Costs:		Total Equipment Costs:	
Total Commodities Costs:		Total Other Costs:	
Total Personnel on Mission:		Total Personnel Costs:	
Total Cost Estimate:			

**Emergency Management Assistance Compact (EMAC)
EMAC Mission Order Authorization Form**

Travel Costs:			
Total Personnel Vehicle Costs:		Total Rental Vehicle Costs:	
Total Governmental Vehicle Costs:		Total Air Travel Costs:	
Total Expenses for Meals & Tips (Receipts):		Total Expenses for Meals & Tips (Per Diem):	
Total Lodging		Total Parking Fees:	
Total Shipment & Transportation Costs:			
Estimated Equipment Costs:			
	Description:	Cost:	
1			
2			
Estimated Commodities Costs:			
	Description:	Cost:	
1			
2			
Estimated Other Costs:			
	Description:	Cost:	
1			
2			
Personnel Roster:			
First Name	Last Name	Phone	Email
First Name	Last Name	Phone	Email
First Name	Last Name	Phone	Email
 <p>The EMAC Mission Order Authorization Form is for official use only. All information contained herein is in support of the Emergency Management Assistance Compact and is privileged. No parts of this document may be re-created, duplicated, disseminated, or used without the written permission of NEMA except by the State Emergency Management Agencies of the EMAC Member States during EMAC missions. This form is protected by copyright laws.</p>			

Emergency Management Assistance Compact (EMAC)
EMAC Mission Order Authorization Form

Deployment Tips and Guidance:

Items to Consider Bringing on Deployment:

Personal Items: Additional sets of uniforms/clothing, extra pair of shoes/boots, toiletries, medications (including aspirin, allergy medication, etc.), sunglasses, spare eyeglasses (if applicable), battery-powered alarm clock, digital camera with charger, spare batteries, mobile phone with charger, rechargeable mobile phone power pack, cap/headgear, sunscreen, bug spray, facecloths and towels, personal first aid kit, and other safety equipment.

Essential Items: Agency identification badge, government-issued identification (driver's license, passport, other), credentials (if a trained and certified professional), copy of professional licensure (if applicable), cash, credit cards (more than one credit card is suggested in case your card company decides to tag your card as stolen and it is deactivated), medical insurance card.

Commodities: Protein bars, personal cleaning cloths

Office Items: Pads of paper, spiral notebook, clipboard, pencils/pen, highlighter, paperclips, file folders, envelopes and stamps, rubber bands, Post It notes, and a large envelope to store receipts.

Other: Maps and/or GPS, computer and charger, air card (or internet access), thumb drives or other media storage, checkbooks & contact information to pay your bills back home while you are away.

Deployment Stage Checklist:

- 1 Report to your designated staging area for in-processing and forward movement to your work location.
- 2 Obtain a situational briefing.
- 3 Perform a communications check with your team/co-workers.
- 4 Notify your home state Emergency Management Agency, home agency/local government and family of your arrival. Confirm your mission assignment. If there are differences from the approved mission, mission location, lodging provisions, or meal arrangements, or if there are differences in estimated costs, **immediately contact your home state emergency management agency for advice on how to proceed.**
- 5 Report to your assigned work location. Note: While deployed on an EMAC mission you are under the operational control of the requesting agency. You work in support of the response. You do not lead the response unless directed to do so. You remain under the direction and control of your home state and may be recalled home should conditions warrant.
- 6 Work with the requesting agency to determine a plan for sustained operations and establish work shifts to support operations.
- 7 Carry out your assigned mission. Keep daily records of hours worked, activities performed and expenses incurred.
- 8 Maintain periodic contact with your home state Emergency Management Agency, your home agency/local government and your family.
- 9 Document any damage to equipment with pictures and written documentation, and notify your home state Emergency Management Agency as soon as the damage occurs.
- 10 Be attentive to any changes to your work assignment or location that may necessitate an amendment to your mission deployment. Contact your home state Emergency Management Agency immediately if changes occur.
- 11

**Emergency Management Assistance Compact (EMAC)
EMAC Mission Order Authorization Form**

Demobilization Stage:

- 1 Verify the completion of your mission with your requesting agency supervisor.
- 2 Prepare an individual or team demobilization and redeployment plan.
- 3 Coordinate the demobilization and redeployment plan with your home state Emergency Management Agency, your home agency/local government and your family.
- 4 Inventory and return any equipment issued by local and or state officials.
- 5 Ensure that documentation on activities, work hours and expenses is complete.
- 6 Make or confirm travel arrangements for your return home. Check that ground transportation routes are accessible, flights are scheduled and on time and airport is open.
- 7 If applicable, check into the staging/demobilization area on your egress from the Requesting State.
- 8 Notify your home state Emergency Management Agency upon your arrival home.

Reimbursement Phase:

- 1 Prepare timesheets, travel and other expense vouchers, damaged equipment documentation, travel logs, and other documentation.
Submit reimbursement documentation to your home agency/local government. *This initiates the reimbursement process for your home agency or local government.* It is your responsibility to submit this documentation in a timely fashion.
- 2

Other Activities:

Complete the EMAC post-deployment survey and participate in post-deployment briefings and after-action activities.
Submit non-returnable media with images taken on your deployment to EMAC at the National Emergency Management Association, PO Box 11910, Lexington, KY 40578.



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Mobilization Checklist



MOBILIZATION CHECKLIST

Incident Name/Mission Number: _____

Your EMAC mission is: _____

You are being deployed to the State of: _____

The deployment location address is:

You are to report to (location and person): _____

Your scheduled reporting time/date is: _____

Expected duration of assignment _____

Expected operating environment, communication protocol, assignment details: _____

Before Deployment:

- ☐ Obtain situational briefing from EMAC Coordinator and required information from the EOC Supervisor (Assisting State).
- ☐ Obtain travel information from the EMAC Coordinator. (Assisting State)
- ☐ Sign out EMAC credit card from Duty Officers and annotate which card was issued: _____
(Last four digits)
- ☐ Prepare go-kit for specific assignment. (If an A-Team member, inventory the EMAC Go-Kit and sign accountability document if necessary).
- ☐ Notify State Emergency Operations Officer of the destination and expected function. Provide a cell phone or other contact numbers if known.
- ☐ Perform communications check with **all** assigned communications equipment prior to departure.
- ☐ Obtain location and persons to contact at the assigned destination and notify the State Emergency Operations Officer of this information.
- ☐ Ensure all expenditure accountability documents are understood and identified before departure, and are provided to the Assisting State EMAC Coordinator upon request and/or availability of the completed reports:
 - ☐ Timesheets or other time worked record signed by a Team Leader or other authorized individual, updated daily with actual hours worked

EMAC Mobilization Checklist

Page 1 of 3

EMAC MOBILIZATION CHECKLIST

- ☐ Work records documenting tasks completed (i.e. Planning Section Chief, Logistics Section Chief, etc.)
- ☐ Payroll documentation (Assisting State timesheet and copy of paystub)
- ☐ Travel expense reports and copies of travel reimbursement vouchers
- ☐ ORIGINAL receipts for all expenses, including use of the EMAC credit card, with copies provided to the Assisting State EMAC Coordinator
- ☐ Copies of hotel receipts, air fare, baggage fees, parking, shuttle, and other authorized and allowable expenditures (meal receipts not necessary, as local per diem rates apply)
- ☐ Copy of travel authorization
- ☐ Copy of Mission Order
- ☐ Copies of other documents evidencing costs incurred

IF THERE ARE ANY CHANGES TO RESERVATIONS RESULTING IN MODIFICATIONS TO ESTIMATED COSTS, CONTACT THE ASSISTING STATE EMAC COORDINATOR, AUTHORIZED REPRESENTATIVE, OR DESIGNATED CONTACT IMMEDIATELY FOR INSTRUCTIONS.

Upon Arrival at Deployment Station:

- ☐ Notify the Requesting State Point of Contact (Name) of your arrival at point of assignment and obtain mission briefing. Provide personal contact information for home station in case of emergency.
- ☐ Notify home state EOC Supervisor and/or State Emergency Operations Officer of your arrival at the point of assignment and provide an estimated date of departure and arrival back to home station.
- ☐ Perform communications check and confirm contact numbers with home station.
- ☐ Report to your work area supervisor.
- ☐ Plan for continued operations, establish work shift to support the operations, report required information and input to A-Team.
- ☐ Maintain Contact with A-Team to keep them informed of location, mission, and contact information. Establish reporting schedule.
- ☐ Fill out Personnel Resource Information Sheet and provide to A-Team.
- ☐ Maintain timesheets or other time worked record signed by a Team Leader or other authorized individual, updated daily with actual hours worked
- ☐ Maintain a folder for all ORIGINAL receipts for all expenses, including use of the EMAC credit card

EMAC MOBILIZATION CHECKLIST

A-Team Specific Checklist Items:

- ☐ Notify your home office and the National Coordinating Team (NCT) and/or the National Coordination Group (NCG) of your arrival at the point of assignment. Perform communications check and confirm contact numbers.
- ☐ Check in with requesting state POC (i.e. EMAC Authorized Representative or Designated Contact) and obtain specific information pertaining to the resources currently needed.
- ☐ Attend Requesting State operations briefings.
- ☐ Establish computer interface within State EOC.
- ☐ Access EMAC Website and broadcast messages for requests and daily Situation Reports as needed.
- ☐ Obtain latest press releases.
- ☐ Obtain and read the daily Action Plan and Situation Reports.
- ☐ Attend Incident Action Plan meetings.
- ☐ Participate in conference calls as scheduled.
- ☐ Plan for continued operations, establish work shift, and insure that your schedule is posted at your assigned workstation.
- ☐ Maintain every other day contact with deployed EMAC assets within your Area of Operations. Transfer the data from the EMAC Personnel Information Form onto the EMAC Deployed Personnel Tracker for this purpose.
- ☐ Maintain contact with NCT and/or NCG including reporting on a daily basis to keep them informed of affected locations, requested missions, and updated contact information.
- ☐ Maintain contact with assisting states on a regularly scheduled basis to keep them informed of personnel status and update contact information as needed.
- ☐ As your assignment comes to an end, follow Demobilization Procedure Checklist.
- ☐ After signing below indicating acknowledgment of this Mobilization checklist, provide a copy of this checklist to the Assisting State EMAC Coordinator for this deployment.

Printed Name

Date

Signature

Demobilization Checklist



DEMOBILIZATION CHECKLIST

General Information

- ☐ The A-Team will facilitate all resource releases from an incident after obtaining concurrence from the National Coordination Group (NCG), or the National Coordinating Team or the Regional Coordinating Team when directed to do so by the NCG.
- ☐ The A-Team will coordinate its release with the respective state's EMAC Designated Contact.
- ☐ Resources will be released after the agreed upon tour of duty, or at such time that the requesting State Emergency Operations Center (SEOC) determines a resource is surplus to current missions.
- ☐ Demobilization activities will be coordinated with the Requesting State EOC and the A-Team.
- ☐ Resources will not be released unless alternate arrangements are approved.
- ☐ No resources will de-mobilize until authorized to do so by the requesting state.
- ☐ The A-Team will evaluate and coordinate transportation requirements with the SEOC.
- ☐ The National Coordination Group, or the NCT or the RCT, with NCG concurrence, shall authorize release of an A-Team and return this function back over to the Requesting State.

General guidelines applying to EMAC resources before leaving the Requesting State:

- ☐ No resource will be released without the approval of the A-Team.
- ☐ No resources will be released without having a minimum of eight (8) hours off shift for R&R, unless specifically approved in advance by the A-Team.
- ☐ All resources must be able to return to their home duty station prior to 2200 (10:00PM) unless specifically approved in advance by the A-Team.
- ☐ The A-Team will attempt to debrief all personnel assigned to the incident prior to departure. The de-briefing will include:
 - ☐ Confirmation of travel arrangements.
 - ☐ Review of individual responsibilities for demobilization.
 - ☐ Ensuring any issued equipment for the incident is returned and all documentation is completed and submitted as required.

Common Responsibilities

- ☐ Safety of all personnel is paramount during demobilization.
- ☐ All personnel shall follow the procedures established in the EMAC Operations Manual and set forth in this checklist.

EMAC DE-MOBILIZATION CHECKLIST

- ☐ The EMAC Personnel Demobilization Form and all other event required documents (i.e., ICS Form 221) should be used to demobilize personnel and redeploy back to their home duty station.

The A-Team shall:

- ☐ Approve demobilization plans.
- ☐ Ensure coordination, and reporting of, demobilization activities with federal authorities and other member states of the Compact.
- ☐ Prepare and execute demobilization plan in coordination with Requesting State authorities.
- ☐ Submit proposed release of resources for NCG approval.
- ☐ Debrief all EMAC personnel prior to release.
- ☐ Use Personnel Demobilization Form and review other EMAC documents (Personnel Information Form, Work Schedule Form, REQ-As, etc) to ensure all resources are accounted for and properly demobilized.
- ☐ Fully brief/debrief replacement A-Team members or the NCG of the resource and EMAC operations status.
- ☐ Post final Situation Report on EMAC Website or will coordinate with the NCG or the NCT/RCT, with approval from the NCG, to close out operations prior to departure.
- ☐ Debrief Requesting State personnel, complete and submit all demobilization documents and return EMAC operations over to Requesting State and either the RCT or the NCT, with approval from the NCG.
- ☐ Gather all hard copy and electronic EMAC documents and mission records and ensure they are sent to the EMAC Coordinator at the National Emergency Management Association, P. O. Box 11910, Lexington, KY 40578-1910.

All Deployed Personnel and/or Resources shall:

- ☐ Make contact with A-Team for debriefing and other demobilization instructions as necessary.
- ☐ Advise the A-Team of method of travel, point of departure, destination and estimated time of arrival at home station.
- ☐ Return any equipment checked out for use during deployment.
- ☐ Submit any documentation as needed or requested by A-Team and the Requesting State
- ☐ Notify the A-Team, Requesting State and Assisting State of safe arrival at home station upon return.
- ☐ Complete and submit the EMAC Response Survey Form as instructed on the Form upon arrival at home station.

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Appendix C - Glossary

Assisting State	An Assisting State is any EMAC member state responding to a request for assistance from and providing resources to another EMAC member state through EMAC. In the context of this document, the Assisting State is Washington.
Authorized Representative	An Authorized Representative (AR) is the person within a member state empowered to obligate state resources (provide assistance) and expend state funds (request assistance) under EMAC. In a Requesting State, the AR is the person who can legally initiate a request for assistance under EMAC. In a Requesting State, the AR is the person who can legally approve the response to a request for assistance.
Designated Contact	A Designated Contact (DC) is a person within a member state who is very familiar with the EMAC process. The DC serves as the point of contact for EMAC in his or her state and can discuss the details of a Request for Assistance. This person is not empowered to initiate an EMAC request or authorize EMAC assistance without direction from the AR.
Requesting State	A Requesting State is any EMAC member state that is asking for interstate assistance through EMAC. The Governor must declare a state of emergency before the EMAC process can be initiated.

Appendix D - RCW 38.10.010

Emergency Management Assistance Compact

The Emergency Management Assistance Compact (EMAC) is enacted and entered into by this state with all other states legally joining the compact in the form substantially as follows:

EMAC Articles of Agreement

ARTICLE I - PURPOSE AND AUTHORITIES

This compact is made and entered into by and between the participating Member States which enact this compact, hereinafter called party states. For the purposes of this agreement, the term "states" is taken to mean the several states, the Commonwealth of Puerto Rico, the District of Columbia, and all U.S. territorial possessions. The purpose of this compact is to provide for mutual assistance between the states entering into this compact in managing any emergency or disaster that is duly declared by the governor of the affected state(s), whether arising from natural disaster, technological hazard, man-made disaster, civil emergency aspects of resources shortages, community disorders, insurgency, or enemy attack. This compact shall also provide for mutual cooperation in emergency-related exercises, testing, or other training activities using equipment and personnel simulating performance of any aspect of the giving and receiving of aid by party states or subdivisions of party states during emergencies, such actions occurring outside actual declared emergency periods. Mutual assistance in this compact may include the use of the states' National Guard forces, either in accordance with the National Guard Mutual Assistance Compact or by mutual agreement between states.

ARTICLE II - GENERAL IMPLEMENTATION

Each party state entering into this compact recognizes many emergencies transcend political jurisdictional boundaries and that intergovernmental coordination is essential in managing these and other emergencies under this compact. Each state further recognizes that there will be emergencies which require immediate access and present procedures to apply outside resources to make a prompt and effective response to such an emergency. This is because few, if any, individual states have all the resources they may need in all types of emergencies or the capability of delivering resources to areas where emergencies exist. The prompt, full, and effective utilization of resources of the participating states, including any resources on hand or available from the Federal Government or any other source, that are essential to the safety, care, and welfare of the people in the event of any emergency or disaster declared by a party state, shall be the underlying principle on which all articles of this compact shall be understood. On behalf of the governor of each state participating in the compact, the legally designated state official who is assigned responsibility for emergency management will be responsible for formulation of the appropriate interstate mutual aid plans and procedures necessary to implement this compact.

ARTICLE III - PARTY STATE RESPONSIBILITIES

- A. It shall be the responsibility of each party state to formulate procedural plans and programs for interstate cooperation in the performance of the responsibilities listed in this article. In formulating such plans, and in carrying them out, the party states, insofar as practical, shall:
- i. Review individual state hazards analyses and, to the extent reasonably possible, determine all those potential emergencies the party states might jointly suffer, whether due to natural disaster, technological hazard, manmade disaster, emergency aspects of resource shortages, civil disorders, insurgency, or enemy attack.
 - ii. Review party states' individual emergency plans and develop a plan which will determine the mechanism for the interstate management and provision of assistance concerning any potential emergency.
 - iii. Develop interstate procedures to fill any identified gaps and to resolve any identified inconsistencies or overlaps in existing or developed plans.
 - iv. Assist in warning communities adjacent to or crossing the state boundaries.
 - v. Protect and assure uninterrupted delivery of services, medicines, water, food, energy and fuel, search and rescue, and critical lifeline equipment, services, and resources, both human and material.
 - vi. Inventory and set procedures for the interstate loan and delivery of human and material resources, together with procedures for reimbursement or forgiveness.
 - vii. Provide, to the extent authorized by law, for temporary suspension of any statutes or ordinances that restrict the implementation of the above responsibilities.
- B. The Authorized Representative of a party state may request assistance of another party state by contacting the Authorized Representative of that state. The provisions of this agreement shall only apply to requests for assistance made by and to Authorized Representatives. Requests may be verbal or in writing. If verbal, the request shall be confirmed in writing within 30 days of the verbal request. Requests shall provide the following information:
- i. A description of the emergency service function for which assistance is needed, such as but not limited to fire services, law enforcement, emergency medical, transportation, communications, public works and engineering, building inspection, planning and information assistance, mass care, resource support, health and medical services, and search and rescue.
 - ii. The amount and type of personnel, equipment, materials and supplies needed, and a reasonable estimate of the length of time they will be needed.
 - iii. The specific place and time for staging of the assisting party's response and a point of contact at that location.

- C. There shall be frequent consultation between state officials who have assigned emergency management responsibilities and other appropriate representatives of the party states with affected jurisdictions and the United States Government, with free exchange of information, plans, and resource records relating to emergency capabilities.

ARTICLE IV - LIMITATIONS

Any party state requested to render mutual aid or conduct exercises and training for mutual aid shall take such action as is necessary to provide and make available the resources covered by this compact in accordance with the terms hereof; provided that it is understood that the state rendering aid may withhold resources to the extent necessary to provide reasonable protection for such state. Each party state shall afford to the emergency forces of any party state, while operating within its state limits under the terms and conditions of this compact, the same powers (except that of arrest unless specifically authorized by the receiving state), duties, rights, and privileges as are afforded forces of the state in which they are performing emergency services. Emergency forces will continue under the command and control of their regular leaders, but the organizational units will come under the operational control of the emergency services authorities of the state receiving assistance. These conditions may be activated, as needed, only subsequent to a declaration of a state of emergency or disaster by the governor of the party state that is to receive assistance or commencement of exercises or training for mutual aid and shall continue so long as the exercises or training for mutual aid are in progress, the state of emergency or disaster remains in effect or loaned resources remain in the receiving state(s), whichever is longer.

ARTICLE V - LICENSES AND PERMITS

Whenever any person holds a license, certificate, or other permit issued by any state party to the compact evidencing the meeting of qualifications for professional, mechanical, or other skills, and when such assistance is requested by the receiving party state, such person shall be deemed licensed, certified, or permitted by the state requesting assistance to render aid involving such skill to meet a declared emergency or disaster, subject to such limitations and conditions as the governor of the Requesting State may prescribe by executive order or otherwise.

ARTICLE VI - LIABILITY

Officers or employees of a party state rendering aid in another state pursuant to this compact shall be considered temporary employees of the Requesting State for tort liability and immunity purposes only; and no party state or its officers or employees rendering aid in another state pursuant to this compact shall be liable on account of any act or omission in good faith on the part of such forces while so engaged or on account of the maintenance or use of any equipment or supplies in connection therewith. Good faith in this article shall not include will full misconduct, gross negligence, or recklessness.

ARTICLE VII - SUPPLEMENTARY AGREEMENTS

Inasmuch as it is probable that the pattern and detail of the machinery for mutual aid among two or more states may differ from that among the states that are party hereto, this instrument contains elements of a broad base common to all states, and nothing herein contained shall preclude any state from entering into supplementary agreements with another state or affect any other agreements already in force between states. Supplementary agreements may comprehend, but shall not be limited to, provisions for evacuation and reception of injured and other persons and the exchange of medical, fire, police, public utility, reconnaissance, welfare, transportation and communications personnel, and equipment and supplies.

ARTICLE VIII – COMPENSATION

Each party state shall provide for the payment of compensation and death benefits to injured members of the emergency forces of that state and representatives of deceased members of such forces in case such members sustain injuries or are killed while rendering aid pursuant to this compact, in the same manner and on the same terms as if the injury or death were sustained within their own state.

ARTICLE IX - REIMBURSEMENT

Any party state rendering aid in another state pursuant to this compact shall be reimbursed by the party state receiving such aid for any loss or damage to or expense incurred in the operation of any equipment and the provision of any service in answering a request for aid and for the costs incurred in connection with such requests; provided, that any aiding party state may assume in whole or in part such loss, damage, expense, or other cost, or may loan such equipment or donate such services to the receiving party state without charge or cost; and provided further, that any two or more party states may enter into supplementary agreements establishing a different allocation of costs among those states. Article VIII expenses shall not be reimbursable under this provision.

ARTICLE X - EVACUATION

Plans for the orderly evacuation and interstate reception of portions of the civilian population as the result of any emergency or disaster of sufficient proportions to so warrant, shall be worked out and maintained between the party states and the emergency management/services directors of the various jurisdictions where any type of incident requiring evacuations might occur. Such plans shall be put into effect by request of the state from which evacuees come and shall include the manner of transporting such evacuees, the number of evacuees to be received in different areas, the manner in which food, clothing, housing, and medical care will be provided, the registration of the evacuees, the providing of facilities for the notification of relatives or friends, and the forwarding of such evacuees to other areas or the bringing in of additional materials, supplies, and all other relevant factors. Such plans shall provide that the party state receiving evacuees and the party state from which the evacuees come shall mutually agree as to reimbursement of out-of-pocket expenses incurred in receiving and caring for such

evacuees, for expenditures for transportation, food, clothing, medicines and medical care, and like items. Such expenditures shall be reimbursed as agreed by the party state from which the evacuees come. After the termination of the emergency or disaster, the party state from which the evacuees come shall assume the responsibility for the ultimate support of repatriation of such evacuees.

ARTICLE XI - IMPLEMENTATION

This compact shall become operative immediately upon its enactment into law by any two (2) states; thereafter, this compact shall become effective as to any other state upon its enactment by such state.

Any party state may withdraw from this Compact by enacting a statute repealing the same, but no such withdrawal shall take effect until 30 days after the governor of the withdrawing state has given notice in writing of such withdrawal to the governors of all other party states. Such action shall not relieve the withdrawing state from obligations assumed hereunder prior to the effective date of withdrawal.

Duly authenticated copies of this compact and of such supplementary agreements as may be entered into shall, at the time of their approval, be deposited with each of the party states and with the Federal Emergency Management Agency and other appropriate agencies of the United States Government.

ARTICLE XII - VALIDITY

This Act shall be construed to effectuate the purposes stated in Article I hereof. If any provision of this compact is declared unconstitutional, or the applicability thereof to any person or circumstances is held invalid, the constitutionality of the remainder of this Act and the applicability thereof to other persons and circumstances shall not be affected thereby.

ARTICLE XIII - ADDITIONAL PROVISIONS

Nothing in this compact shall authorize or permit the use of military force by the National Guard of a state at any place outside that state in any emergency for which the President is authorized by law to call into federal service the militia, or for any purpose for which the use of the Army or the Air Force would in the absence of express statutory authorization be prohibited under Section 1385 of title 18, United States Code.

Ratified during the 2nd session of the 104th Congress and became Public Law 104-321, October 1996. (<http://www.emacweb.org>)